

# Rub Away the Day Massage

## Client History

Please complete this questionnaire. Your answers will help you to achieve  
    **MAXIMUM** benefits from your massage sessions.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City AND Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Would you like to receive occasional text messages about our specials?

    \_\_\_\_\_ Yes!    \_\_\_\_\_ No

Occupation \_\_\_\_\_

DOB \_\_\_\_\_ Referred By \_\_\_\_\_

Date of last professional massage? \_\_\_\_\_ Frequency? \_\_\_\_\_

- Please prioritize the areas of your body you prefer to have massaged:

\_\_\_\_\_

- Are you pregnant? \_\_\_\_\_
- Did you know that consuming 30 fruits, veggies, and berries a day can dramatically improve your over health including Allergies, diabetes, cholesterol, inflammation and more? Can we contact you to tell you more about Juice Plus? Yes!  No
- Please list *recent major* illnesses, injuries and surgeries:

Illnesses: \_\_\_\_\_

Injuries: \_\_\_\_\_

Surgeries: \_\_\_\_\_

- What is the most important quality you look for in a Massage Therapist or in a Spa? What will prevent you from returning?

\_\_\_\_\_  
\_\_\_\_\_

**(OVER)**

**Musculoskeletal:**

- Bone or joint disease
- Arthritis
- Sprains/strains
- Low Back Pain
- Mid/Upper Back Pain
- Hip/leg pain
- Neck Pain
- Shoulder/arm pain
- Headaches
- Jaw Pain/Clicking/Popping
- Clenching or grinding teeth
- Spasms/cramps
- Spinal curvature
- Fibromyalgia
- Other \_\_\_\_\_

**Respiratory/Circulatory:**

- High or low Blood Pressure
- Breathing Difficulties
- Varicose Veins
- Blood Clots
- Other \_\_\_\_\_

**Skin:**

- Rashes
- Bruise easily
- Sensitive Skin
- Hives Allergies
- Other \_\_\_\_\_

**Neurological:**

- Numbness/Tingling
- Chronic Pain
- Dizziness
- Other \_\_\_\_\_

**Other:**

- Allergies \_\_\_\_\_
- Sinus Problems \_\_\_\_\_
- Cancer/tumors \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Chronic constipation \_\_\_\_\_
- Other \_\_\_\_\_

**Infectious diseases:**

\_\_\_\_\_

\_\_\_\_\_

**Please read and sign below:**

I understand that massage therapists do not diagnose illness, disease or any physical or mental disorder, nor do they prescribe medical or chiropractic treatment, or pharmaceuticals. It is in no way intended to be a substitute for professional health care.

I have stated all medical conditions of which I am aware of and I will update therapist of any changes in my health status.

I also understand that this is a non-sexual massage. Any attempt to suggest or solicit sexual favors will result in an immediate end to the session and possible police involvement or any other action the therapist deems necessary.

**Client Signature:**

\_\_\_\_\_

**Date** \_\_\_\_\_