



Massage Therapy Questionnaire

Name: _____ DOB: _____
Email Address: _____ Emergency Contact Name: _____
Emergency Contact Relationship: _____ Phone Number: _____

Medical Information

Are you currently taking any medications? [] yes [] no

If yes, please list name and use: _____

Do you suffer from chronic pain? [] yes [] no

If yes, please explain: _____

What makes it better? _____

What makes it worse? _____

Please indicate any of the following that apply to you.

- [] Cancer [] Headaches/Migraines [] Arthritis [] Diabetes
[] Joint Replacement(s) [] High/Low Blood Pressure
[] Neuropathy [] Fibromyalgia [] Stroke [] Heart Attack
[] Kidney Dysfunction [] Blood Clots [] Numbness [] Sprains

Other: _____

Massage Information

Have you had a professional massage before? [] yes [] no

What type of massage are you seeking?

- [] Relaxation [] Therapeutic/Deep Tissue

Other: _____

What pressure do you prefer? [] Light [] Medium [] Deep

Do you have any allergies or sensitivities? [] yes [] no

Please explain: _____

Are there any areas (feet, face, abdomen, etc.)

you do not want massaged? [] yes [] no

Please explain: _____

I have completed this form to the best of my knowledge. I understand that massage therapy services as designed to be a health aid and under no circumstances is massage therapy to take the place of a doctor's care of diagnoses. Information exchanged during my massage therapy session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my discretion. Jake's Place is not responsible for the aggravation of my condition that was not disclosed to the therapist. I agree to inform my therapist immediately at the onset of any discomfort (I.e. room temperature, pressure, technique, music, ect.) so that I have the best experience possible.

Inappropriate behavior and or conduct during any spa session will not be tolerated at Jake's Place. Such conduct will result in immediate termination of service with no discount or reimbursement. Future services will not be honored at Jake's Place.

Signature: _____ Date: _____

Massage Therapist Signature: _____ Date: _____