



Therapeutic Massage & Bodywork  
Amy Monday, LMT  
MA52539



Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

~ Phone \_\_\_\_\_

How did you hear of me? • advertisement • sign • friend / client: \_\_\_\_\_

What is the main reason for my services? • relax • pain relief • therapeutic • other: \_\_\_\_\_

If pain/discomfort, is it related to an injury / surgery? \_\_\_\_\_

Is the pain: sharp • dull • throbbing • intermittent • constant? Location: \_\_\_\_\_

Is the pain: worse in the morning • gets worse during the day • worse at night • same all the time?

Please check all of the following conditions that currently apply to you:

\_\_\_ Cuts / Bruises / Rashes /  
Open skin areas

\_\_\_ Allergies: \_\_\_\_\_

\_\_\_ Autoimmune Disorder

\_\_\_ Cancer

\_\_\_ Diabetes

\_\_\_ Insulin dependent? Y / N

\_\_\_ Edema / Swelling

\_\_\_ Epilepsy / Seizures /  
Convulsions

\_\_\_ Fibromyalgia

\_\_\_ Heart Condition

\_\_\_ Herniated Disc

\_\_\_ High Blood Pressure

\_\_\_ Infectious Condition

\_\_\_ Loss of Range of Motion  
in \_\_\_\_\_

\_\_\_ Osteoporosis

\_\_\_ Phlebitis / Thrombosis

\_\_\_ Pregnancy

\_\_\_ # of weeks: \_\_\_\_\_

\_\_\_ Stiff Neck/Shoulders

\_\_\_ TMJ Dysfunction

\_\_\_ Varicose Veins

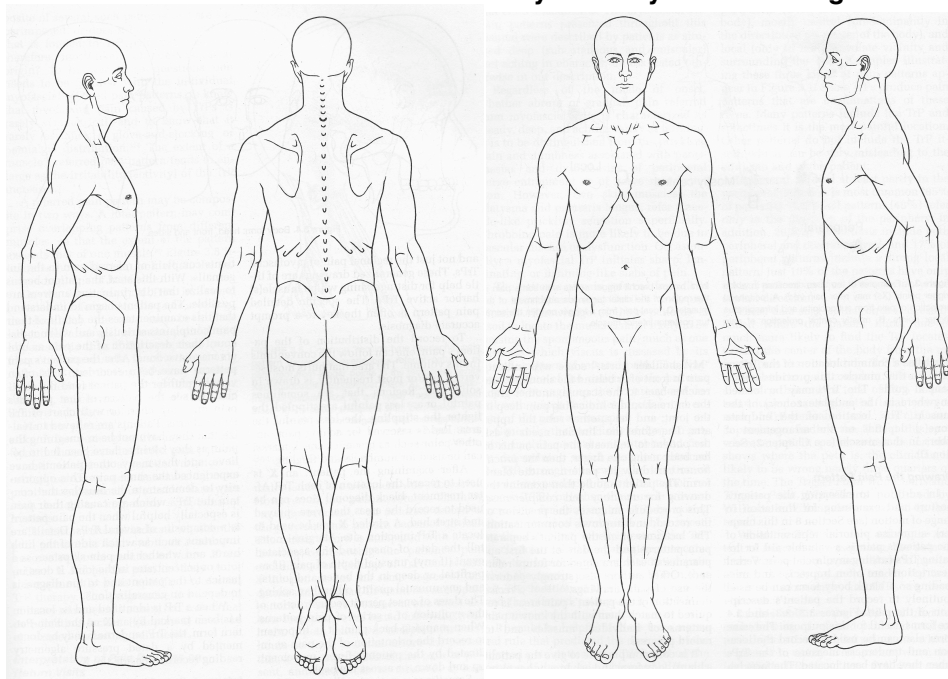
Are there any areas you would like me to avoid? \_\_\_\_\_

When was your last massage? \_\_\_\_\_

Your occupation / hobbies: \_\_\_\_\_

Medications: \_\_\_\_\_

Please indicate the areas of your body that are being affected:



~The information provided is useful for the massage therapist to deliver a more effective treatment. ~

I understand that massage is not a replacement for medical care and that no diagnosis will be made. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and that I will be liable for payment of the scheduled appointment.

Signature \_\_\_\_\_

Date \_\_\_\_\_