

CLIENT INFORMATION / INTERVIEW FORM

PLEASE CHECK: **YES** **NO**

DO YOU HAVE/HAVE YOU HAD...

- | | | |
|--------------------------|--------------------------|--------------------------|
| Allergies to lotion/oil? | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies to fragrance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Arthritis? | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood clots? | <input type="checkbox"/> | <input type="checkbox"/> |
| Bursitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| Cancer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy/seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| High blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Low blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Migraine headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| Recent injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Spinal injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Joint dislocation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| Tense muscles? | <input type="checkbox"/> | <input type="checkbox"/> |
| Very ticklish spots? | <input type="checkbox"/> | <input type="checkbox"/> |
| Varicose veins? | <input type="checkbox"/> | <input type="checkbox"/> |
- DO YOU HAVE/ARE CURRENTLY...
- | | | |
|--------------------|--------------------------|--------------------------|
| Contacts in eyes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking medication? | <input type="checkbox"/> | <input type="checkbox"/> |
- If YES, what? _____

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Last Name	First Name	M. I.	DOB-MM/DD/YYYY
<hr/>		<hr/>	
Street Address		E-Mail	
<hr/>		<hr/>	
City	State	Zip (9 digit preferred)	
() _____	() _____	() _____	
Home Phone	Cell #	Work #	
<hr/>	<hr/>	<hr/>	
Occupation	Emergency Contact	Contact #(s)	
Have you had a professional massage before? _____ If yes, when last? _____			
PLEASE INITIAL THE FOLLOWING STATEMENTS: "I understand..."			
____ conservative draping will be practiced by my therapist throughout this massage."			
____ this massage is therapeutic, and no genital or sexually oriented contact will occur."			
____ if I am uncomfortable continuing, I can request the session end at any point."			
____ if I can't keep an appointment, I'll be charged unless <u>at least</u> 8 hrs. notice is given."			
____ I am responsible to update my therapist re. changes in my condition, over time."			
____ my therapist will not diagnose, treat, or prescribe, as would a medical doctor."			
____ my therapist manipulates <i>soft tissue</i> of the body, and can work in concert with my other healthcare providers to enhance my wellness and overall health."			
____ my session is intended solely for the purposes of stress reduction, relief of muscle tension or spasms, and to increase circulation and energy in my body systems."			
<hr/>		<hr/>	
Client's Signature		Therapist's Signature	

Is there ANY OTHER INFORMATION we should know that *might* affect our capacity to serve your wellness needs?

Please Indicate Techniques / Modalities You Prefer

(Additional charges may apply.)

- | | |
|---|--|
| <input type="checkbox"/> Swedish (light; relaxing) | <input type="checkbox"/> Hydrotherapy (discuss options) |
| <input type="checkbox"/> Swedish (deeper; therapeutic) | <input type="checkbox"/> ROM / Joint Movements |
| <input type="checkbox"/> Shiatsu (Japanese acupressure) | <input type="checkbox"/> Stretching (tight / sore tissues) |
| <input type="checkbox"/> Reflexology (feet / hands) | <input type="checkbox"/> Trigger Point |
| <input type="checkbox"/> Hot Stones | <input type="checkbox"/> Myofascial Release |
| <input type="checkbox"/> Aromatherapy (essential oils) | <input type="checkbox"/> Sports (focused muscle groups) |
| <input type="checkbox"/> Polarity (energy balancing) | <input type="checkbox"/> Deep Tissue |
| <input type="checkbox"/> Other _____ | |

Mark Your 3-4 Areas of Greatest Need

LEGEND

P → Area(s) you are experiencing PAIN

X → Area(s) you are TIGHT/TENSE

T → Area(s) you are TICKLISH

How to Best Receive Your Massage

Before your massage

- ✓ If it's your first time, try to arrive about *10 minutes early* so you can pay, fill out paperwork, and interview with your therapist before your massage. This allows the most time for actual therapeutic bodywork, rather than being cut short by time constraints.
- ✓ Many prefer to bathe or shower shortly before their appointment. Hygiene of both client and therapist contributes to an optimum massage experience.
- ✓ If your hair is long, you may want to tie it back/up to avoid hair pulling.
- ✓ *Please turn off your phone or pager!*
- ✓ You'll be asked to undress to the level of your comfort and make yourself comfortable on the massage table, covered with a sheet, before your therapist enters the room.
- ✓ Some prefer to wear underwear, or a thong, during a massage, but ladies should *at least* undo bra straps. No clothing is best, as it impairs access to some of the largest and most stress-affected muscle groups in the body. This should give no cause of concern to even the most modest people, because...
- ✓ Conservative draping will be practiced at all times. *Only* the body-part being massaged will be undraped at any time, and transitions between body areas will carefully preserve the modesty of the client. No massage will be administered without proper draping.

During your massage

- ✓ Your *only* job during the massage is to **relax!** Some find this difficult, so here are some suggestions:
 - Breathe deeply and slowly, stressing exhalation (through mouth is best).
 - Allow your body to feel very heavy and "sink into the table."
 - As your therapist's hands locate areas of tension, consciously try to let go and "release" them to his/her efforts to administer therapy.
- ✓ Minimal talking is best, both for your relaxation, and for the therapist's focus on your specific needs. Obviously, there are exceptions to this, but minimal conversation allows the therapist to fully focus on your stress-relief needs, and for the work being done to achieve maximum results.
- ✓ *Just lie there*, allowing the therapist to move your limbs. Other than when you get on the table, turn over, and get off afterward, simply receive! The exception to this is...
- ✓ If any technique is uncomfortable, for any reason, or the temperature is a problem, let your therapist know immediately. Obviously, in such instances, communication is essential!
- ✓ At the end of your massage, your therapist will "ground" you so you'll be alert and "in your feet" when you leave. The therapist will leave, allowing you to dress, and will meet you for a few minutes afterward. Above all, **enjoy** your relaxing mini-vacation!