

*Aloha*  
**Massage Academy**

**Client Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work or Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Female  Male

Have you ever had a professional massage?  Yes  No

Primary reason for massage \_\_\_\_\_

How were you referred?  Sign  Newspaper  Yellow pages  Word of mouth

Occupation: \_\_\_\_\_

Do you exercise, stretch or regularly participate in sports?  Yes  No

Describe hobbies or regular activities & frequency \_\_\_\_\_

Rate your normal stress level 1 2 3 4 5 6 7 8 9 10  
Low High

Are you currently under a doctors' care?  Yes  No

Please describe \_\_\_\_\_

Have you been hospitalized in the last year:  Yes  No When:

Please describe:

Are you pregnant?  Yes  No If yes, due date:

Rate your general health:  Excellent  Good  Fair  Poor

What are your primary areas of discomfort or tension? \_\_\_\_\_

Is there anything else I should know about you, your health, or your body before administering massage therapy? \_\_\_\_\_

What kind of pressure do you generally prefer?  Deep  Medium  Light  ??

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check any conditions you have:

- Allergies
- Arthritis
- Blood clots
- Carpal Tunnel Syndrome
- Circulatory problems
- Contagious disease
- Diabetes
- Heart disease
- Hepatitis
- High blood pressure
- Joint problems
- Low blood pressure
- Muscular injuries
- Respiratory problems
- Skeletal injuries
- Skin problems
- Spinal problems
- Varicose veins
- Other

Please check any chronic symptoms you have:

- Abdominal pain
- Chest pain
- Constipation
- Bleeding
- Depression
- Digestive problems
- Dizziness
- Fatigue
- Insomnia
- Headaches
- Migraine headaches
- Joint problems
- Sinusitis
- Other