

Massage by Darla at Enso Studios

Date of Birth: _____ How did you learn about me: _____
Name: _____ Mailing Address: _____
City/Zip: _____ Email: _____
Phone: (H) _____ (Cell/Work) _____
Type of work: _____ Type of physical activity: _____

Massage Information:

Have you ever received a professional massage before? _____
If so, when was your last massage? _____
How do you prefer your pressure? ___gentle ___medium ___firm ___deep
What is your goal for today's session? _____

Do you have a history of?

<input type="checkbox"/> heart condition/stroke	<input type="checkbox"/> high/low blood pressure	<input type="checkbox"/> arthritis/bursitis/gout
<input type="checkbox"/> kidney/bladder trouble	<input type="checkbox"/> broken bones	<input type="checkbox"/> athletes foot/fungus
<input type="checkbox"/> varicose veins	<input type="checkbox"/> scoliosis/lordosis/kyphosis	<input type="checkbox"/> strains/sprains
<input type="checkbox"/> allergies	<input type="checkbox"/> psoriasis/eczema	<input type="checkbox"/> epilepsy
<input type="checkbox"/> diabetes	<input type="checkbox"/> hepatitis	<input type="checkbox"/> asthma
<input type="checkbox"/> sciatica	<input type="checkbox"/> whiplash	<input type="checkbox"/> TMJ
<input type="checkbox"/> claustrophobia	<input type="checkbox"/> HIV	<input type="checkbox"/> Other _____

Check any that apply to you today:

<input type="checkbox"/> under a doctor's orders	<input type="checkbox"/> under the influence of alcohol	<input type="checkbox"/> cold/flu symptoms
<input type="checkbox"/> wearing contacts	<input type="checkbox"/> headache/migraine	<input type="checkbox"/> inflammation
<input type="checkbox"/> sunburn	<input type="checkbox"/> open wound/cuts/bruises	<input type="checkbox"/> poison oak/ivy

Are you taking any medications that might contraindicate a massage? ___Yes ___No

Are you pregnant? _____ If so, how many weeks: _____ Due Date: _____

Please read the following and sign below:

I understand that this massage is provided for the basic purpose of relaxation and relief of muscular tension. The therapist is not qualified to treat, diagnose or prescribe, and nothing your therapist says will be construed as such. I am aware that massage is not a replacement for medical care and that certain conditions are contraindicated for massage. I have disclosed all known medical conditions and added any that are not listed. I agree to keep my therapist informed as to any changes in my medical profile. There will be no liability on the therapist's part if I forget to do so. Any sexually suggestive remarks, innuendoes or advances made will result in immediate termination of the session.

Name _____

Date _____

Please note we have a 24 hour cancellation policy.