Emily Horn Massage

Personal History

All information in this questionnaire is STRICTLY CONFIDENTIAL

Name: Date of Birth:

Address: Today's Date:

City: State: Zip:

Telephone: Home ( ) Work ( ) Occupation:

Email:

Who may we thank for referring you to Emily Horn Massage?

Have you ever received a professional massage Yes □ No □

If yes, frequency: Date of last massage:

Medical History

Exercise Frequency: Exercise Type(s):

How much water do you drink per day?

What is your major complaint?

Please list previous health history in the following areas (include year and treatment received).

Surgeries:

Accidents:

Diagnosed Conditions:

List of current medications, including aspirin, ibuprofen, etc.

Goals for massage therapy today? □ Relaxation □ Rehabilitation □ High activity level maintenance

Preferred type of touch: □ Light/Meditative □ Heavy/Invigorating □ Deep/Trigger Point

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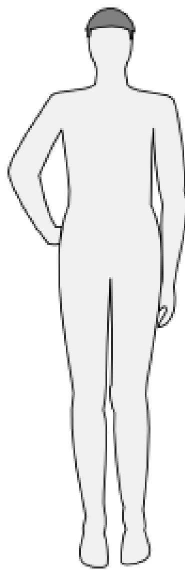
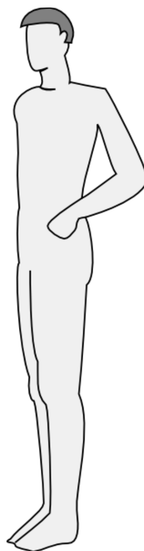
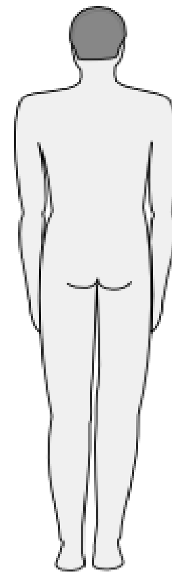
Do you have any of the following today? (check all that apply)

☐ Sunburn	☐ Cuts, Burns, Bruises	☐ Inflammation	☐ Irritated Skin Rash
☐ Headache	☐ Severe Pain	☐ Poison Ivy	☐ Cold or Flu
☐ Asthma	☐ Arteriosclerosis	☐ Pregnancy	☐ Arthritis
☐ Diabetes	☐ Varicose Veins	☐ Hernia	☐ Stomach Ulcers
☐ Epilepsy	☐ Dizziness	☐ Cancer	☐ Pins/Pacemaker
☐ Depression	☐ High Blood Pressure	☐ Contact Lenses	☐ Heart Disease
☐ Hemophilia	☐ Low Blood Pressure	☐ Musculoskeletal Problems	

On the figures below, please shade in any area of muscle pain, joint pain or stiffness.







Cancellation Policy

Please make note of our cancellation policy for all appointment times.

If you find you must cancel, please do so at least 24 hours in advance to allow another patient access to your time slot so that time can be utilized. Otherwise, please know that appointment cancellations without 24 hour notice are subject to full fee of the service scheduled.

Please Sign: ______________________________

Date: ______________________________

Disclosure & Release

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and/or relief of muscular/myofascial tension. If I experience any discomfort or pain not within my pain threshold during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination or diagnosis and that I should see a physician or other medical specialist for any physical or mental aliment that I am experiencing.

I completely understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage or 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.

Policy & Fee Statement

Payment is due when services are rendered. We prefer to accept personal check or cash. We are currently equipped for credit or debit card services. Receipts are available for your personal records, as well as any insurance support documentation.

If you arrive late for your appointment, please be aware that your treatment will still end at the scheduled time.

Dress in loose comfortable clothing if possible. It is recommended that you plan to relax after your treatment (especially the initial visit) as you may feel tired. It is recommended that you hydrate well with water after your session.

Client's Signature: ______________________ Date: __________

Practitioner's Signature: ______________________ Date: __________