



Pearson & Weary Massage Client Questionnaire

In order to maximize the effectiveness and safety of our sessions together, we ask that you take the time to fill out this confidential questionnaire carefully.

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Age: _____ Occupation(s): _____

Phone (day): _____ (eve): _____ email: _____

Referred by: _____

What brings you here today?

Circle your problem areas including where you have muscle pain/stiffness/tension

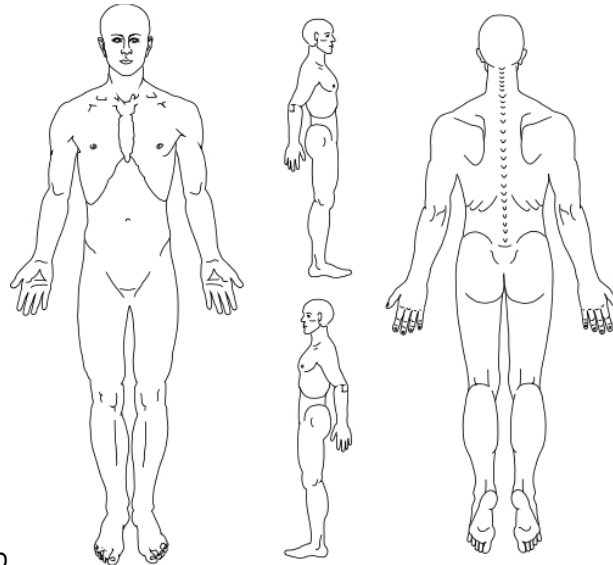
Circle your overall pain from 1 to 10:

1 2 3 4 5 6 7 8 9 10

Is there any area where you would like extra time spent?

Have you ever received a professional massage? Yes No

If so, what was the date of your last massage? _____



So we have a better idea of what you do in your life, please list a few of your daily activities, sports, active hobbies or exercise routines.

Medical History - Please indicate below any significant medical problems, as such conditions can influence the type and/or depth of work done in any given area. (continued on page 2)

List any medications you are currently taking: _____

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List any allergies: _____

Previous surgery, please state type and date: _____

Yes No Skin condition (acne, rash, allergies, skin cancer, other): _____

Yes No Lymphatic condition (swollen glands, lymphoma, lymphedema) other: _____

Yes No Recent injury or accident (whiplash, sprain, deep bruise) other: _____

Yes No Circulatory condition (heart disease, varicose veins, phlebitis, arrhythmia, arteriosclerosis) other: _____

Yes No Neurological condition (sciatica, numbness/tingling of any area of skin, stroke, epilepsy) other: _____

Yes No Joint problems (osteoarthritis, rheumatoid arthritis, gout, hyper mobile joints, sacroiliac problems) other: _____

Yes No Bone conditions (osteoporosis, previous fracture, cancer) other: _____

Yes No Headaches (migraines, PMS, tension, cluster) other: _____

Yes No Emotional difficulties (depression, anxiety, psychotic episodes) other: _____

Yes No More than average stress?

Yes No Are you pregnant?

Yes No Do you smoke?

Yes No Do you have or have you had cancer? Explain: _____

Yes No Do you have any body piercings that would be effected by heat (such as belly piercings)?

Yes No Can you lie comfortably on your stomach?

Yes No Can you lie comfortably on your back?

Other medical considerations not listed above: _____

Are you currently under the care of a health care professional? Yes No If so, who? _____

Emergency contact Phone: Work: _____ Home: _____ Cell: _____

Do we have permission to contact him/her should the need arise? Yes No

Pearson & Weary Agreements

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Because massage 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Cancellation Policy:

We realize that emergencies come up, but if you need to cancel an appointment for any reason we do require 24 hours notice. We do have a waiting list of other patients who are in pain and would to be seen as soon as possible.. If you do not contact our office prior to your scheduled appointment on more than (1) one occasion, you will be billed for a missed appointment fee of \$50.00

Signature

Today's Date