**Banyan Massage**

Confidential Questionnaire for Massage

Name (First, Last, M.I.)

Address (with city & zip)

Email: Phone:

Date of Birth: Gender F M

How did you learn about Banyan Massage?

Emergency contact name and phone:

HEALTH HISTORY

**Have you ever experienced any of the following?** (mark **C** for current, **P** for past)

 HIV/AIDS Constipation Herpes Sciatica

 Allergies Diarrhea High Blood Pressure Stiff Joints

 Anemia Diabetes Low Blood Pressure Skin Allergies

 Athletes Foot Digestive Problems Insomnia Sprains/ Strains

 Arthritis Disc Problems Excess Stress Stroke

 Back Pain Diverticulitis Migraines Swollen Feet/ Legs

 Bone Fractures Eczema Muscle Spasms Tendonitis

 Bursitis Epilepsy/ Seizures Numbness Tingling

 Cancer Fibromyalgia Phlebitis Tumors

 Chronic Fatigue Headaches Psoriasis Varicose Veins

 Circulatory Problems Heart Attack/ Ailments Rashes Whiplash

 Colitis Hemophilia Ringworm **Pregnant/ trying**

Other:

Any accidents, injuries or surgeries, current or in the past, including pregnancy?

Please explain any medical care that you are currently receiving or medications

Please describe your main goals & areas of focus for massage today.

**Please Read & Sign the Following**

I acknowledge that the above information is complete and accurate to the best of my knowledge and will notify my LMP of any changes in my physical condition prior to treatment or any changes in the information on this form.

I also understand that I will be receiving therapeutic massage and that any illicit or sexual remarks or advances made my me will result in immediate termination of the session and will be held liable for payment of the service scheduled and that my insurance company will not be billed.

**Missed appointment or cancellation with less than 24 hours notice will be charged the full amount of the self-pay wellness rate. If you are sick please reschedule your appointment ASAP. For the safety of yourself, your massage therapist and all other patients, Do Not come to your appointment sick.**

Client Signature Date