The best gift you can give your body

# ESSENCE

Massage & Skin Care Studio

## Client Information

Name: ___________________________________ Telephone: (       )__________________ Date of Birth: ___________

Address: ________________________________ City: ______________________ State:_______ Zip: _____________

Email Address: __________________________________________

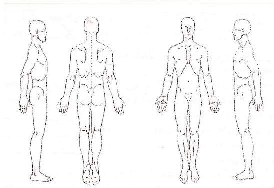
Who can we thank for your referral! _____________________________________________

## General & Medical Information

Occupation: ____________________________________________

Have you ever experienced a professional massage session? ☐ Yes ☐ No
If yes how recently? _________________________.
Are you looking to receive regular massage therapy? ☐ Yes ☐ No
What are your likes/dislikes for massage? _______________________________________
What do you prefer for massage pressure? ☐ Light ☐ Medium ☐ Deep
What types of activities & exercise do you do? ____________________________________
What is your stress level ? Low 1 2 3 4 High
What do you do to manage your stress? ________________________________________
Please list medications ______________________________________________________
Do you see a chiropractor ☐ Yes ☐ No If yes how often? ___________
Have you had any major surgeries or injuries? ____________________________________

Please place an "X" on the diagram below to indicate stress, tightness or pain.



Please check the box if you have any of the following conditions:

| | | | |
|---|---|---|---|
| ☐ Diabetes | ☐ Pregnancy | ☐ Arthritis | ☐ Osteoporosis |
| ☐ Allergies | ☐ Cardiac Problems | ☐ Circulatory problems | ☐ Varicose Veins |
| ☐ Disc Disorders | ☐ Asthma | ☐ Anxiety | ☐ Depression |
| ☐ Tendonitis | ☐ Water Retention | ☐ Trouble sleeping | ☐ Trouble relaxing |
| ☐ Menstrual Problems | ☐ IBS | ☐ Blood Clots | ☐ Scoliosis |

Massage is provided for the purpose of relaxation, stress reduction, and relief of muscular tension. Massage services are designed to be a health aid and in no way are meant to replace a physicians care. I affirm that I have stated all my known medical conditions and will update the massage therapist to any changes in my medical profile. I understand that sexual or elicit remarks or advances result in immediate termination of the session. I understand that I must give at least 24 hours notice to cancel an appointment or pay the missed appointment fee in full at my next visit (50% of the service booked).

Signature_______________________________________________________ Date __________________