Body RESTORATION®

Massage Profile

Name _____ Address_____

City_____ State _____ Zip _____ Date of Birth_____

Email:_____ Phone(Day)_____(Night)_____

Profession_____ How did you hear about us? _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

If you answer "yes" to any of the following questions, please explain as clearly as possible.

❑Yes ❑ No	Do you frequently suffer from stress?
❑Yes ❑ No	Do you have diabetes?
❑Yes ❑ No	Do you have a thyroid condition?
❑Yes ❑ No	Do you experience frequent headaches?
❑Yes ❑ No	Are you pregnant?
❑Yes ❑ No	Do you suffer from arthritis?
❑Yes ❑ No	Are you wearing contacts or dentures?
❑Yes ❑ No	Do you have cardiac or circulatory problems?
❑Yes ❑ No	Do you have high blood pressure and/or take medication to manage blood pressure?
❑Yes ❑ No	Do you suffer from epilepsy or seizures?
❑Yes ❑ No	Do you suffer from joint swelling?
❑Yes ❑ No	Do you have varicose veins?
❑Yes ❑ No	Do you have any contagious diseases?
❑Yes ❑ No	Do you have osteoporosis?
❑Yes ❑ No	Do you have any allergies or sensitivities (i.e. nuts, iodine, shellfish, flowers, scents)?
❑Yes ❑ No	Do you bruise easily?
❑Yes ❑ No	Any broken bones in the past 2 years?
❑Yes ❑ No	Any injuries in the past 2 years?
❑Yes ❑ No	Do you suffer from back pain or disk herniation?
❑Yes ❑ No	Do you have numbness or stabbing pains?
❑Yes ❑ No	Are you sensitive to touch or pressure in any area?
❑Yes ❑ No	Have you ever had surgery?
❑Yes ❑ No	Other medical conditions, or are you taking any medications?

Comments_____

_____

Have you ever experienced a professional massage or bodywork session? ❑Yes ❑ No How recently? _____
What are your goals for today's treatment?_____
What kind of pressure do you prefer? ❑ light ❑ medium ❑ firm

I understand that massage therapy and spa treatments are given for the purpose of stress reduction, skin purification, reduction of muscle tension and pain, and to increase circulation and energy flow. Massage and body therapists and estheticians do not diagnose illness, disease, or any physical or mental condition, and nothing said during the course of treatment should be construed as diagnosis or treatment. I have stated all known conditions and take full responsibility to inform the spa therapists of any new information regarding my physical condition. I understand that certain conditions, including intoxication are contraindicated for skin and body services, and the spa reserves the right to recommend that I reschedule a treatment at their discretion.

Signature: _____Date:_____