Name: _____ Date: _____

Phone: (circle preferred contact): Home _____ Office _____ Cell _____

Address: _____

E-mail: _____ Birth Year: _____

Referred by: _____

My body has, or has had, the following conditions: (**P**ast, **C**urrent)

- ☐ Allergies
- ☐ Arthritis: Osteo/Rheumatoid
- ☐ Anxiety / Worrying / Depression
- ☐ Bruise easily
- ☐ Cancer, Describe: _____
- ☐ Cardiac or Circulatory Problems
- ☐ Carpal Tunnel Syndrome
- ☐ Chest Pains
- ☐ Cold feet / cold hands
- ☐ Constipation / Diarrhea / Poor Digestion
- ☐ Contact Lenses (wearing them now)
- ☐ Contagious Diseases
- ☐ Dentures
- ☐ Diabetes / Peripheral Neuropathy
- ☐ Dizziness/ Fainting
- ☐ Epilepsy or Seizures
- ☐ Fibromyalgia / Chronic Fatigue
- ☐ Headaches, frequency: _____
- ☐ High / Low Blood Pressure
- ☐ Insomnia, Trouble Sleeping
- ☐ Joint Swelling
- ☐ Osteoporosis
- ☐ Pain: Upper/Lower Back
- ☐ Pain: Foot/Knee/Hip/Neck
- ☐ Pain/ Numbness/ Tingling
- ☐ Pain: Stabbing Pain
- ☐ Pain: Aching Pain
- ☐ Poor Immune System Function
- ☐ Pregnancy, # of births _____
- ☐ Prostrate Problems
- ☐ Scoliosis
- ☐ Sensitive to pressure or touch, where: _____
- ☐ Sinus infections
- ☐ Stiffness preventing easy movement, where: _____
- ☐ Stress
- ☐ Stroke: Date: _____
- ☐ Tiredness, Lack of energy, describe: _____
- ☐ TMJ
- ☐ Varicose Veins
- ☐ Weight Issues: Over / Under / Dieting

- ☐ Bowel movements less than 2x per day, specify frequency: _____
- ☐ History of Car Accident (when)? _____
- ☐ Medications, specify what for: _____
- ☐ Surgery, specify: _____
- ☐ Broken Bones: _____

Have you had professional massage or bodywork? ☐ How recently? _____

I prefer pressure which is: ☐ light ☐ medium ☐ firm except: _____

☐ I use some of the following " healers", "helpers", "therapies" **(circle all applicable)**

MD (general/family), MD (specialist), chiropracter, therapist, counselor, accupuncturist, massage therapist, Fitness coach, Life Coach, Herbalist, Nutritionist, Dietician, homeopath, physical therapist

Describe any other "issues" in your body not noted above or in the attachment: _____

_____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort 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, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to 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/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 fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me

will result in an immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Signature: _____

***Do what you love***  ***Love what you do***  ***Be comfortable doing it***

## Susanne's Massage & Embodiment Works