Name: _____ Date: _____

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

Address: _____

E-mail: _____ Birth Year: _____

Referred by: _____ (so I can thank them!!!)

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

_____

- ☐ 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: _____

_____

Signature: _____

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

Susanne's Massage & Embodiment Works