



Island Acupuncture

& Massage Therapy

Confidential Information – Massage

| | | |
|-------------------------------------------|----------------------|--------------------------------------------------------------------|
| Last Name _____ | First Name _____ | |
| Home Phone _____ | Cell Phone _____ | |
| Work Phone _____ | Email _____ | |
| Address _____ | | |
| (street) | (city) (state) (zip) | |
| Date of Birth _____ | Occupation _____ | |
| Marital Status _____ | Age _____ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Please list any allergies _____ | | |
| Who can we thank for referring you? _____ | | |

HAVE YOU EVER RECEIVED MASSAGE THERAPY? NO YES

If yes, what type of massage have you experienced? Deep Tissue Swedish Other _____

DO YOU HAVE ANY OF THE FOLLOWING TODAY?

- | | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> sunburn | <input type="checkbox"/> severe pain | <input type="checkbox"/> poison ivy | <input type="checkbox"/> cuts, burns, bruises |
| <input type="checkbox"/> inflammation | <input type="checkbox"/> headache | <input type="checkbox"/> cold or flu | <input type="checkbox"/> irritated skin rash |

WHAT TYPE OF TOUCH DO YOU PREFER?

- light/meditative heavy/invigorating deep/trigger point

HOW MANY HOURS PER WEEK DO YOU PARTICIPATE IN ACTIVITIES/SPORTS?

- less than 1 hour 1-2 hours 2-4 hours more than 4 hours

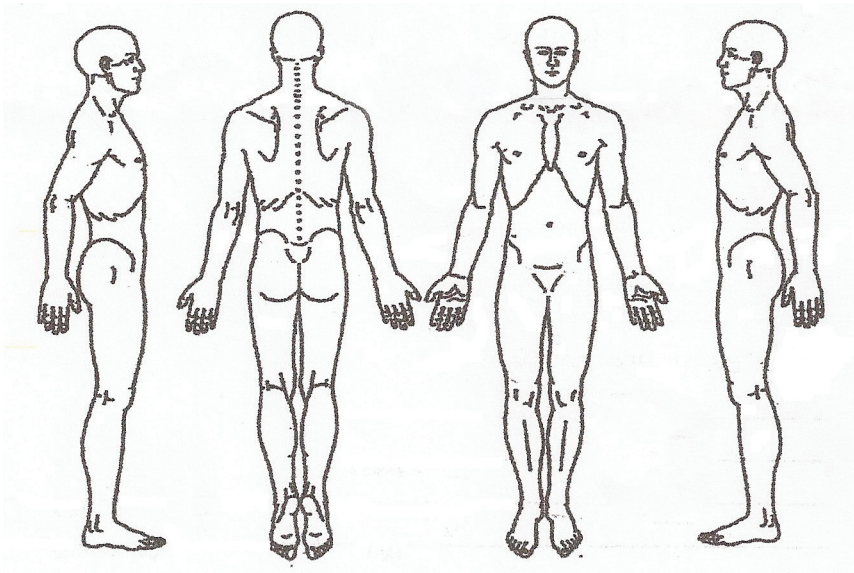
HOW MUCH WATER DO YOU DRINK PER DAY?

- less than 2 glasses 2-4 glasses 5-7 glasses 8 or more glasses

WHAT ARE YOUR GOALS FOR MASSAGE?

- relaxation injury rehabilitation high activity level, maintenance massage
 other _____

Shade in any area(s) where you are feeling discomfort.



HOW MANY HOURS OF SLEEP DO YOU GET PER NIGHT? _____

PLEASE LIST ANY OTHER HEALTH CONCERNS I SHOULD BE AWARE OF:

PLEASE READ AND INITIAL THE FOLLOWING, THEN SIGN BELOW:

_____ I understand that this massage is not a replacement for medical care and that no diagnosis will be made.

_____ I am responsible for paying for any appointment cancellation of less than 24 hours.

Signature _____ Date _____

Tips are appreciated, but are not included in the price of your massage.