

# ARTEMIS

massage

DATE: \_\_\_\_\_

## MASSAGE THERAPIST:

BOBBI	LYNNE	SHANE
KAYLEE	NICOLE	TONY
LYNN	REGAN	

### CLIENT CONTACT

Name: \_\_\_\_\_

M  F Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_  HOME  CELL

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_  HOME  CELL

Referred By: \_\_\_\_\_

FIRST:

### CURRENT CONDITION

How are you feeling today?

STRESSED  ACHY  STIFF  SORE

OTHER: \_\_\_\_\_

Do these symptoms interfere with daily activities?  
(e.g., sleep, exercise, work, childcare, etc.)  Y  N

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ALLERGIES & MEDS

List any medications you take (incl. topical ointments):

\_\_\_\_\_  
\_\_\_\_\_

List all known allergies (incl. plant, nut, or food):

\_\_\_\_\_  
\_\_\_\_\_

### MESSAGE INFO

Have you ever received a professional massage?  Y  N

If yes, how recently? \_\_\_\_\_

Pressure you prefer:  LIGHT  MEDIUM  FIRM

Do you have any areas to be avoided during your massage?  
(e.g. face, feet, bruise, injury, etc.)

If yes, please specify: \_\_\_\_\_

Are you wearing contact lenses?  Y  N

Are you wearing a hairpiece?  Y  N

Are you pregnant?  Y  N Due Date: \_\_\_\_\_

What are your goals/expected outcomes for your massage?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LAST:

### LIFESTYLE

BRIEFLY LIST ACTIVITIES YOU PERFORM  
ON A REGULAR BASIS.

Career/Work: \_\_\_\_\_

Fitness Regimen: \_\_\_\_\_

Physical Activities: \_\_\_\_\_

Hobbies: \_\_\_\_\_

CONTINUED ON REVERSE



## HEALTH HISTORY

List any **INJURIES** you have sustained in the last year:

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List any major **SURGERY** you have had in the last 10 years:

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**Please answer the following questions honestly, as massage may not be appropriate for certain conditions.**

**Indicate any health conditions you currently have, or have experienced in the recent past.** *(If you are unsure please ask.)*

- Chronic Pain
- Broken Bone(s)
- Pinched Nerve(s)
- Numbness, or Tingling
- Easily Bruised
- Sinus Congestion
- Headaches or Migraines
- Depression or Anxiety
- High/Low Blood Pressure
- Acne, Eczema, Rosacea, Psoriasis
- Sunburn, Rash, Poison Ivy, Warts

- Sciatica
- Fibromyalgia
- Scoliosis
- Osteoporosis
- Degenerative Spine/Disc Disease
- Arthritis (Rheumatoid/Osteoarthritis)
- Congestive Heart Failure
- Stroke or Heart Attack
- Blood Clots/Thrombosis
- Varicose Veins
- Asthma/Shortness of Breath

- Diabetes
- Endocrine/Thyroid Conditions
- Gas/Bloating/Constipation
- Crohn's Disease, IBS
- Cancer
- Pitted Edema, Swelling
- Epilepsy or Seizures
- Parkinson's or MS
- Dizziness/Ringing in the Ears
- Contagious Infection/Disease  
(incl. Any Cold or Flu)

**Briefly explain any concerns regarding conditions you have checked; note any other conditions that are not listed.**

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## TREATMENT CONSENT

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 body work should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, 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 practitioners part of Artemis Massage Studio, should I fail to do so. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Artemis Massage Studio or its staff members and instructors for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_