

# Massage Wellness Chart



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

Please help us ensure a safe and comfortable massage treatment by providing the follow and explain.

- Allergies (foods, scents, etc.): \_\_\_\_\_
- Arthrities: \_\_\_\_\_
- Blood Clots: \_\_\_\_\_
- Blood Pressure conditions: \_\_\_\_\_
- Chronic pain (muscles, joints, nerve): \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Fibromyalgia: \_\_\_\_\_
- Headaches: \_\_\_\_\_
- Heat sensitivity: \_\_\_\_\_
- Heart Problems: \_\_\_\_\_
- History of strokes: \_\_\_\_\_
- Infections: \_\_\_\_\_
- Insomnia: \_\_\_\_\_
- Immune system deficiencies: \_\_\_\_\_
- Lupus: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Pain, numbness, tingling: \_\_\_\_\_
- Skin conditions (bruising, acne, rash): \_\_\_\_\_
- Surgeries: \_\_\_\_\_
- Varicose veins: \_\_\_\_\_
- Other \_\_\_\_\_
- Pregnancy: \_\_\_\_\_

Daily activities affected by stress/pain/condition: \_\_\_\_\_

Desired massage pressure: (circle all that apply): Light Medium Deep

Are you under the age of 18?  Yes  No

If yes, written parental permission is required.

Areas of stress or pain: (select all that apply and the level of pain associated) 0 no pain 10 high pain

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Neck<br>0 1 2 3 4 5 6 7 8 9 10      | <input type="checkbox"/> Back<br>0 1 2 3 4 5 6 7 8 9 10 | <input type="checkbox"/> Legs<br>0 1 2 3 4 5 6 7 8 9 10        |
| <input type="checkbox"/> Shoulders<br>0 1 2 3 4 5 6 7 8 9 10 | <input type="checkbox"/> Arms<br>0 1 2 3 4 5 6 7 8 9 10 | <input type="checkbox"/> Other _____<br>0 1 2 3 4 5 6 7 8 9 10 |

Are you comfortable with having therapeutic massage on the following areas?

- |   |   |  |
|---|---|--|
| Gluteal region <input type="checkbox"/> Yes <input type="checkbox"/> No | Pectoral muscles <input type="checkbox"/> Yes <input type="checkbox"/> No | Scalp <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Face <input type="checkbox"/> Yes <input type="checkbox"/> No           | Abdomen <input type="checkbox"/> Yes <input type="checkbox"/> No          | Feet <input type="checkbox"/> Yes <input type="checkbox"/> No  |

Welcome to His & Her Day Spa, we provide our clients with a safe, professional, and therapeutic environment for all our clients. If you have concerns about your therapist please bring it to the attention of management immediately. Male/female genitalia and women's breast will not be exposed or massaged at any time. Modest draping will be used during your session. If at any time during the session you feel uncomfortable, simply ask your therapist to end the session. It is your responsibility to inform us of any pre-existing conditions, limitations, or specific sensitivities and to inform your therapist if you feel any discomfort during the session. If you experience discomfort, you may ask the therapist to adjust the amount of pressure or heat, or you may ask to end the session, depending on your level of discomfort. You understand and acknowledge, and voluntarily accept the risk associated with massage services and use of our facilities, and you hereby releases us (including our affiliates, agents, and employees) from liability for any injury or claim (including without limitations, personal bodily, or mental injury, property damage or economic loss), which may result from your massage (s): your failure to disclose any pre-existing condition, irritation or sensitivity; or your failure to inform your therapist or discomfort during your session. We may, in our sole discretion, refuse or discontinue massage services if we determine such service may be unsafe or cause discomfort to you. The undersigned acknowledges he/she has read and understands this disclaimer.

Signature \_\_\_\_\_ Date \_\_\_\_\_