Suspire : Breathe Massage Therapy

Personal Information:

Name _____ Phone _____

Address _____ E-mail _____

Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

The following information will be used to help plan safe and effective massage sessions.

Please answer the questions to the best of your knowledge.

Date of Initial Visit _____

1. When was your last massage & how often do you receive therapy? _____
Massage Types? _____

2. What is the main purpose of this session? Relaxation( ) Wellness Support( ) Specific Issue( )

Specific issue(s) to address, if any _____

3. Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain _____

4. Do you have any allergies to oils, lotions, or ointments? Yes No Sensitive Skin? Yes No

If yes, please explain _____

5. Are you wearing: contact lenses ( ) dentures ( ) hearing aids ( ) hairpiece( )?

6. Do you sit for long hours at a workstation, computer, or driving? Yes No

If yes, please describe_____

7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No

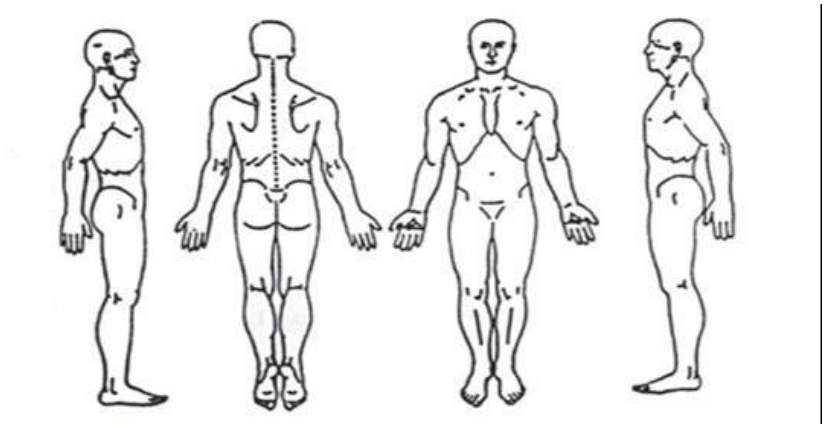
If yes, please describe _____

8. Do you experience stress in your work, family, or other aspect of your life? Yes No

If yes, how do you think it has affected your health?

muscle tension ( ) anxiety ( ) insomnia ( ) irritability ( ) other_____

9. Please circle the areas that you feel need focused attention, and mark with an "X" any areas that you may want avoided:



10. Do you have any particular goals/intentions in mind for this massage session? Yes No

If yes, please explain _____

Medical History

11. Are you currently under medical supervision? Yes No

If yes, please explain_____

12. Do you see a chiropractor? Yes No If yes, how often? _____

13. Are you currently taking any medication? Yes No

If yes, please list_____

14. Please check any condition listed below that applies to you:

( ) contagious skin condition	( ) current fever	( ) swollen glands
( ) open sores or wounds	( ) allergies/sensitivity	( ) easy bruising
( ) recent accident or injury	( ) recent fracture	( ) recent surgery
( ) artificial joint	( ) sprains/strains	( ) heart condition
( ) high or low blood pressure	( ) circulatory disorder	( ) varicose veins
( ) atherosclerosis	( ) phlebitis	( ) epilepsy
( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis		( ) osteoporosis
( ) deep vein thrombosis/blood clots	( ) headaches/migraines	( ) cancer

( ) diabetes ( ) decreased sensation ( ) back/neck problems

( ) Fibromyalgia ( ) TMJ ( ) carpal tunnel syndrome

( ) tennis elbow ( ) pregnancy If yes, how many months? _____

Please explain any conditions marked; and/or not listed_____

_____

15. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

_____

Draping will be used during the session – only the area being worked on will be uncovered.

Breast massage is only provided with signed consent. If desired, you do Consent _____

Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____understand that the massage 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 therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 that I am aware of. I understand that massage therapists 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 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date _____

Signature of LMT _____ Date _____

Communicating via the Pressure Rainbow

Blue--Too light, increase pressure **Green**—Just right (say nothing) **Gold**—The "good hurt"

Yellow--Reduce the pressure (RTP) a little **Orange**--RTP moderately **Red**—RTP a whole lot!