



702 K St. NE- Lower Level  
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# Healthy Motions® Massage Therapy

## CONFIDENTIAL CLIENT INFORMATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Occupation: \_\_\_\_\_

### MEDICAL BACKGROUND

What stress reduction/exercise activities do you engage in and how often? \_\_\_\_\_

Do you have any of the following? (Please circle all that apply)

- |                   |                       |                         |                      |
|-------------------|-----------------------|-------------------------|----------------------|
| Headaches         | Infections            | Neck/Back/Spine Problem | Difficulty Breathing |
| Pregnancy         | TMJ Syndrome          | Asthma                  | Surgeries            |
| Skin Disorders    | Osteoporosis          | High Blood Pressure     | Varicose Veins       |
| Blood Clots       | Fibromyalgia          | Bursitis                | Diabetes             |
| Arthritis         | Circulatory Condition | Injuries                | Heart Conditions     |
| Cold/Flu Symptoms | Ulcers                | Cancer                  | Seizures             |

Comments: \_\_\_\_\_

Please list any past accidents and surgeries: \_\_\_\_\_

Please list any medications that you are taking: \_\_\_\_\_

### MASSAGE BACKGROUND

Have you ever received professional massage? \_\_\_\_\_ If yes, approximate number received: \_\_\_\_\_

Are you allergic/sensitive to any oils or creams? \_\_\_\_\_ If yes, what type: \_\_\_\_\_

Reason for Visit (circle all that apply): Relaxation      Pain Relief      Relaxation+Pain Relief

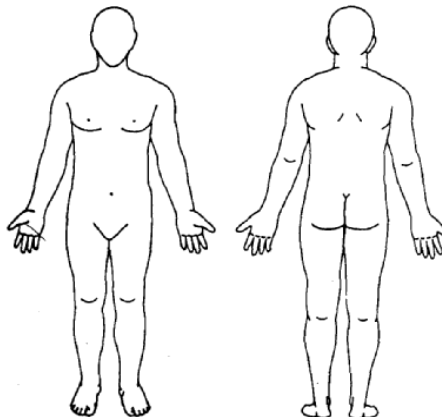
List specific areas of the body for Pain Relief work \_\_\_\_\_

Depth of pressure preferred (circle): Light      Medium      Strong      Extra Strong

Therapeutic massage is non-sexual and can include work on the muscles of the scalp, face, abdomen, feet, and glutes.

Please list any areas of the body that you would prefer not be worked on : \_\_\_\_\_

On the figures, mark areas of  
pain/tenderness/soreness with **P's**  
numbness/tingling with **Z's**  
swelling/stiffness with **S's**:



I understand that therapeutic massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. Because therapeutic massage/bodywork should not be performed under certain circumstances, I affirm that I have stated all medical conditions of which I am aware and will inform my practitioner of any changes in my medical status.

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