



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: _____ Yes. Please send me email newsletters with special offers.

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 (besides birth control) 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

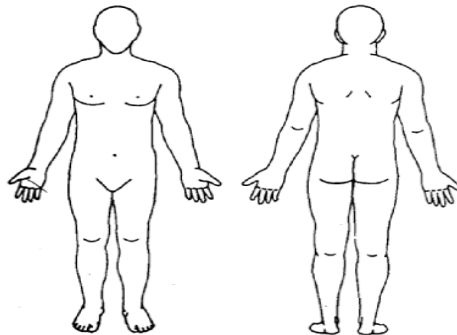
List specific areas of the body for Pain Relief work _____

Depth of pressure preferred (circle): Light Medium Strong

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**
 ticklish with **T'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: _____