



940 RAMONA AVENUE, STE. B  
GROVER BEACH, CA 93433  
(805) 710-2904

# consultation card: **massage**

today's date: \_\_\_\_\_

client name: \_\_\_\_\_

client address: \_\_\_\_\_

apt/unit: \_\_\_\_\_

city: \_\_\_\_\_

state: \_\_\_\_\_

zip: \_\_\_\_\_

email: \_\_\_\_\_

telephone: home \_\_\_\_\_

cell \_\_\_\_\_

birthday: \_\_\_\_\_

under21    21-30    31-40    41-50    51-60    60+

referred by: \_\_\_\_\_

occupation: \_\_\_\_\_

medication: \_\_\_\_\_

primary reason for visit: \_\_\_\_\_

## Please answer the following questions:

- 1 Have you ever had a professional massage?  yes  no
- 2 Have you ever had surgery  yes  no  
If so, please list: \_\_\_\_\_
- 3 Have you had spinal problems?  yes  no  
If so, please list: \_\_\_\_\_
- 4 Do you have chronic back pain?  yes  no
- 5 Are you pregnant?  yes  no
- 6 Do you have heart problems?  yes  no
- 7 Do you have high blood pressure?  yes  no
- 8 Do you have varicose veins?  yes  no
- 9 Do you have arthritis?  yes  no
- 10 Have you had a recent injury?  yes  no  
If so, please list: \_\_\_\_\_
- 11 Are you wearing contact lenses?  yes  no
- 12 Do you have any other medical conditions?  yes  no  
If so, please explain: \_\_\_\_\_

I understand that the massage given here is for stress reduction, relief of muscular tension or spasm, and for increasing circulation. I understand that the massage practitioner does not diagnosis medical illness, disease, or any other physical or mental disorders. I understand that the massage practitioner does not prescribe medical treatments and does not do any spinal adjustments. It has been made clear to me that I must see a physician for any physical ailment that I might have.

signature: \_\_\_\_\_

date: \_\_\_\_\_