



The Skin Inn Confidential Massage Questionnaire

Client Information

Name _____ Date _____

Address _____ E-mail _____

City/State/Zip _____ Occupation _____

Date of Birth _____ Age _____ Family Physician _____

Phone Number _____ Referred by _____

Personal Information

Please take a moment to answer these questions to the best of your ability:

Do you suffer frequently from stress?	Y	N	Do you experience frequent headaches?	Y	N
Do you have any skin allergies? If Y, please list:	Y	N	Have you broken any bones within the past two years?	Y	N
Do you suffer from back or neck pain?	Y	N	Do you bruise easily?	Y	N
Are you pregnant?	Y	N	Do you have high blood pressure?	Y	N
Do you have diabetes?	Y	N	Do you suffer from arthritis?	Y	N
Do you suffer from epilepsy or seizures?	Y	N	Do you suffer from joint swelling?	Y	N
Do you have osteoporosis?	Y	N	Do you have cardiac or circulatory problems?	Y	N
Do you have varicose veins?	Y	N	Do you have any contagious diseases?	Y	N
Do you have tension/soreness in a specific area? If Y, where:	Y	N	Do you have numbness or stabbing pains? if Y, where:	Y	N
Are you sensitive to touch in any area? If Y, where:	Y	N	Have you had any recent surgeries? If Y, where:	Y	N
Have you ever been under chiropractic care? If Y, last visit:	Y	N	Have you ever experienced a professional massage before?	Y	N
Are you currently taking any medications? If Y, please list:	Y	N	Is there any other information you feel your therapist should be aware of? If Y, please explain:	Y	N

Consent

Please read the following and sign below:

I understand the massage I receive is for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist to be able to adjust the pressure/strokes to my level of comfort. I further understand massage should not be construed as a substitute for medical examination, diagnosis, or treatment and I should see a physician, chiropractor, or other qualified specialist for any mental or physical ailment of which I am aware. I understand massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness. Sometimes, massage should not be performed under certain medical conditions. I affirm I have answered all questions honestly. I agree to keep the therapist updated to any changes in my medical profile and understand there shall be no liability on the practitioner's part should I fail to do so. I also understand any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session and will be liable for payment.

Client/Patient Signature: _____ **Date:** _____