

# The Skin Inn Confidential Massage Questionnaire

## Client Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ E-mail \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Referred by \_\_\_\_\_  
 Phone Number \_\_\_\_\_

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

Have you ever experienced a professional massage before? If <b>Y</b> , where? _____	<b>Y</b>	<b>N</b>
Do you have tension/soreness/sensitivity in a specific area? If <b>Y</b> , where? _____	<b>Y</b>	<b>N</b>
Do you have any skin allergies? If <b>Y</b> , please list: _____	<b>Y</b>	<b>N</b>
Do you have numbness or stabbing pains? If <b>Y</b> , where? _____	<b>Y</b>	<b>N</b>
Have you had any recent surgeries, broken bones, or other major medical conditions? If <b>Y</b> , where? _____	<b>Y</b>	<b>N</b>
Are currently taking any medications? If <b>Y</b> , please list : _____	<b>Y</b>	<b>N</b>
Is there any other information you feel your therapist should be aware of? If <b>Y</b> , please explain: _____	<b>Y</b>	<b>N</b>
Do you suffer frequently from stress?	<b>Y</b>	<b>N</b>
Do you have high blood pressure?	<b>Y</b>	<b>N</b>
Are you pregnant?	<b>Y</b>	<b>N</b>
Do you suffer from arthritis?	<b>Y</b>	<b>N</b>
Do you have diabetes?	<b>Y</b>	<b>N</b>
Do you bruise easily?	<b>Y</b>	<b>N</b>
Do you suffer from epilepsy or seizures?	<b>Y</b>	<b>N</b>
Do you suffer from joint swelling?	<b>Y</b>	<b>N</b>
Do you have osteoporosis?	<b>Y</b>	<b>N</b>
Do you have cardiac or circulatory problems?	<b>Y</b>	<b>N</b>
Do you have varicose veins?	<b>Y</b>	<b>N</b>
Do you have any contagious diseases?	<b>Y</b>	<b>N</b>
Do you experience frequent headaches?	<b>Y</b>	<b>N</b>

**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. I understand that The Skin Inn values your business and ask that you respect the spa's scheduling policies. **Should you need to cancel or reschedule, please notify us at least 24 hours in advance or you may be charged in full for you scheduled service.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_