Welcome to Empowered Healing! I would like to make your appointment as pleasant and comfortable as possible.
If at any time you have questions regarding your session, please let me know! I look forward to taking excellent care of you!

Personal Information

Name_____ Home phone _____ Cell phone _____

Address_____ City _____ State _____ Zip _____

Email address _____ Date of Birth _____ / _____ / _____ Age _____

Occupation _____ Type of Exercise _____ Rate your posture: Excellent Good Fair Poor

Have you ever received a professional massage? Y / N Types of massage experienced? Swedish / Deep Tissue / Thai / Other _____

Are you taking medications? Y / N If yes, please describe _____

Are you pregnant? Y / N If yes, how many weeks? _____ High risk? Y / N If yes, please explain _____

Pressure preference? 1 2 3 4 5 6 7 8 9 10 (1 being lightest / 10 being deepest)

Any difficulty laying on your back, front or side? Y / N If yes, describe _____

Allergies to essential oils? Y / N Please list _____ Allergies to perfumes or other lotions/oils? Y / N Do you have sensitive skin? Y / N

Do you sit for long hours at a workstation, computer, or driving? Y / N

If yes, please describe _____

Do you perform any repetitive movement in your work, sports, or hobby? Y / N

If yes, please describe _____

Medical History

Are you currently under medical supervision? Y / N If yes, please explain _____

Do you see a chiropractor? Y / N If yes, how often? Weekly Monthly Just when something hurts

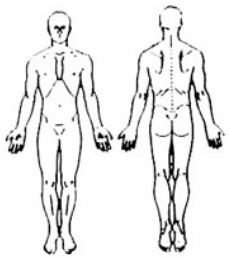
DO YOU NOW OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

( ) headaches/migraines
( ) diabetes
( ) back/neck problems
( ) Fibromyalgia
( ) TMJ
( ) carpal tunnel syndrome
( ) tennis elbow
( ) cancer
( ) decreased sensation
( ) surgery
( ) mastectomy
( ) breast augmentation

( ) contagious skin condition
( ) easy bruising
( ) recent accident or injury
( ) recent fracture
( ) deep vein thrombosis/blood clots
( ) open sores or wounds
( ) phlebitis
( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
( ) osteoporosis
( ) epilepsy
( ) heart disease

Please indicate your consumption level:

	None	Light	Moderate	Heavy
Sugar	_____	_____	_____	_____
Caffeine	_____	_____	_____	_____
WATER	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Tobacco	_____	_____	_____	_____



Please indicate with an 'X' areas of discomfort

Please read the following information and sign below:

- I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
- This is a therapeutic massage and any sexual remarks or advances will terminate the session and I (client) will be liable for payment of the scheduled treatment.
- Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
- I am responsible for paying for any appointment cancellations of less than 24 hours.

Signature:_____ **Date**: _____ / _____ / _____ **Referred by**: _____