

# Massage and Body Work Questionnaire

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex M F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please check preferred contact number:**

Cell \_\_\_\_\_ May BodyMetrix leave message? Y N

Home \_\_\_\_\_ May BodyMetrix leave message? Y N

Email: \_\_\_\_\_

I give **BODYMETRIX** permission to email monthly newsletters with recipes, health tips and office promotions.

How did you hear about BodyMetrix Health and Wellness Services? If it was a friend/relative, please tell us their name so we can thank them! \_\_\_\_\_

Have you ever had a professional massage?  Yes  No If so, when was the last time? \_\_\_\_\_

What type of pressure do you prefer?  Mild  Moderate  Deep

**Cancellation Policy:**

*Our practice values your time and patronage. We have set aside a specific period of time to meet with you and provide you the best possible care. As a courtesy, please give us 24 hour notice if you are unable to keep your scheduled appointment. A \$25 service charge will be instated for all missed appointments without sufficient notification. We appreciate your cooperation in the matter.*

Signature \_\_\_\_\_  
(Parent or Guardian, if under 18)

**HIPAA Policy:** I have been given the opportunity to read **BODYMETRIX's** HIPAA Privacy Notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian, if under 18)

**Please read through the following statement. Sign and date to complete this form.**

I understand that the general massage therapy and/or deep-tissue bodywork given here is for the purpose of stress reduction, relief from muscular tension and spasm, pain reduction, or for increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness, disease, or any physical or mental disorder. As such the massage therapist does not prescribe medical treatment or pharmaceuticals, nor does he/she perform any spinal manipulations. Because a massage therapist must be aware of existing conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years old)

**Please indicate any general health conditions that could affect your treatment:**

(If yes, please explain on the line provided)

- Recent Surgeries:             Yes     No \_\_\_\_\_
- Currently Pregnant:         Yes     No \_\_\_\_\_
- Skin Conditions:            Yes     No \_\_\_\_\_
- Allergies:                    Yes     No \_\_\_\_\_
- Headaches:                 Yes     No \_\_\_\_\_
- Cardiac/Circulatory Conditions:  Yes     No \_\_\_\_\_
- High Blood Pressure:      Yes     No \_\_\_\_\_
- Arthritis:                   Yes     No \_\_\_\_\_
- Muscle Spasms:            Yes     No \_\_\_\_\_
- History of Blood Clots      Yes     No \_\_\_\_\_
- Nerve Pain:                 Yes     No \_\_\_\_\_
- Prescribed Medications:  Yes     No \_\_\_\_\_
- Varicose Veins:            Yes     No \_\_\_\_\_
- Other:                        Yes     No \_\_\_\_\_

**Please provide specifics relating to your primary complaint:**

What is the primary purpose of your visit?     Pain Relief     Relaxation     Other \_\_\_\_\_

What is your chief complaint? \_\_\_\_\_

Please circle your pain level from 1 to 10 (10 being severe pain):

1            2            3            4            5            6            7            8            9            10

How long have you had this condition?  
\_\_\_\_\_

What do you think caused this condition?

- Poor Posture             Stress             Auto Accident
- Sports Injury             Work Related
- Other \_\_\_\_\_

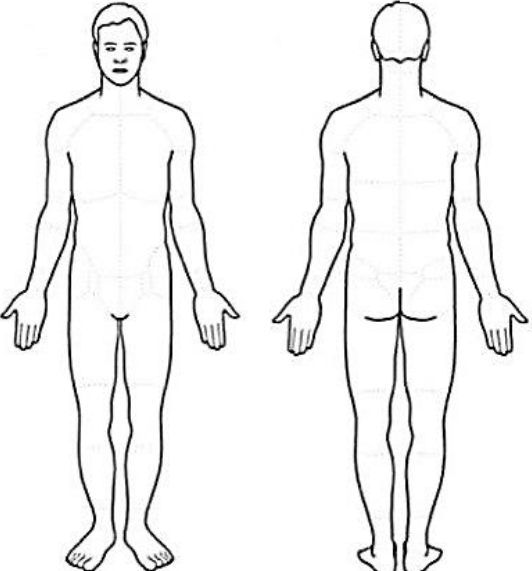
Do you take any medications to provide relief of your symptoms?     Yes     No

If yes, explain: \_\_\_\_\_

Do you prefer heat or ice to improve your condition?  
\_\_\_\_\_

Any other current or past medical conditions the therapist should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

**Current Symptomatic Areas**



**O** Circle Areas of Pain  
**X** Mark Areas of Muscle/Joint Stiffness