



# MASTERFUL TOUCH MASSAGE

## Client history Continued:

LIST ANY VITAMINS, SUPPLEMENTS, ETC. THAT YOU TAKE  
REGULARLY \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES/SENSITIVITIES TO: \_\_ OILS, \_\_ LOTIONS, \_\_ SCENTS

HAVE YOU BEEN UNDER A PHYSICIAN'S CARE IN THE LAST YEAR? \_\_ YES \_\_ NO

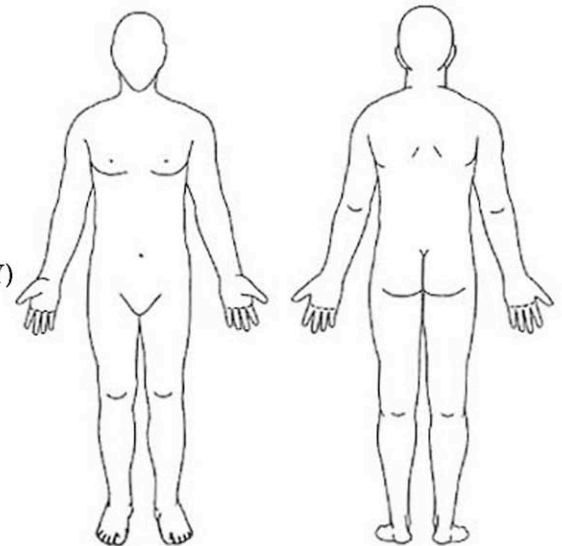
HAVE YOU EVER HAD ANY COSMETIC, RECONSTRUCTIVE, OR OTHER TYPE OF SURGERY?  
\_\_ YES \_\_ NO IF SO, PLEASE LIST WITH DATES:  
\_\_\_\_\_  
\_\_\_\_\_

### DO YOU HAVE ANY OF THE FOLLOWING TODAY?

- ALCOHOL CONSUMPTION
- BRUISES, BURNS
- COLD/FLU
- CUTS
- HEADACHE
- INFLAMMATION- IF SO, WHERE? \_\_\_\_\_
- POISON IVY-IF SO, WHERE? \_\_\_\_\_
- PREGNANCY-IF SO, HOW MANY MOS.? \_\_\_\_\_
- SEVERE PAIN-IF SO, WHERE? \_\_\_\_\_
- SKIN CONDITION-IF SO, WHERE? \_\_\_\_\_

### WHERE ARE YOU FEELING DISCOMFORT TODAY?

RATE SEVERITY OF ALL SYMPTOM AREAS FROM 1-10  
(1 = I FEEL LIKE A NEWBORN BABY, 10 = PUT ME OUT OF MY MISERY)  
PAIN, TENDERNESS WITH O'S \_\_\_\_\_  
NUMBNESS, TINGLINGS WITH ZZ'S \_\_\_\_\_  
SWELLING, STIFFNESS WITH X'S \_\_\_\_\_  
SCARS, BRUISES, OPEN WOUNDS WITH HH'S \_\_\_\_\_



### CONSENT FOR CARE:

**It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination, or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.**

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