

Massage Medical History Questionnaire

Name _____ Date _____

Please answer the following questions by circling the appropriate answer:

1. Have you ever had a massage/facial before Y/N
2. Have you suffered an acute injury recently? Y/N
3. Do you have diabetes/ high blood pressure/ Cancer/cardiovascular disease? Y/ N
4. Medical conditions I should be aware of prior to service? Y/ N Please specify. _____
5. Do you have any allergies? Y/N If so, please list _____
6. Are you pregnant? Y/N How many weeks are you? _____

Are there any specific areas you like more focus on? If so, please list _____

I _____ understand that draping of all personal areas will be required at all times.

I understand that my service will exclude the breast area and abdomen, unless requested by client and given in written consent and agreed to by therapist. I understand that the body works technique given here is for circulation and to provide gentle stretching for contracted areas of the body. I understand Avante is not liable for any mild irritation, rashes, bruising, and or breakouts that I may receive from the service that I requested.

I _____ legal guardian, give my permission for _____ to get a massage.

By signing the form, I have read and answered the questions listed above; in addition, to listing any and all medical conditions. If there are any changes in my medical condition I will take it upon myself to communicate with my Technician and/or the Avante staff. With this, I agree to hold the technician harmless for any problems that might arise as a result of this session.

I understand that if I was late for my service that I will not be discounted or refunded. The full scheduled appointment will be paid unless there is a 24 hour cancellation.

During my service, if I feel uncomfortable for any reason, I will immediately inform my Technician, at which time the Technician will end the service.

Guest Signature _____ Guardian Signature _____

Therapist Signature _____ Date _____