



## Screening Questionnaire (page 1 of 2)

### **Client Information**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Client's Phone #: \_\_\_\_\_

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

Best time to call: \_\_\_\_\_

Preferred form of communication: \_\_\_\_\_

How did you hear about me? (referral, Facebook, etc.) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone# \_\_\_\_\_

### **Massage history:**

Have you had a massage/bodywork before? Yes  No

How often do you receive massages? \_\_\_\_\_

Reasons for seeking massage. (Relaxation, injury, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Description of injury/health condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your typical activities and or daily living impacted by this injury or your health condition?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Screening Questionnaire (page 2 of 2)**

Do you have any complications or medications that might interfere with massage?

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Your Occupation?

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Do you have special needs I should prepare for?

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Do you have any questions or concerns?

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Do you have any questions or concerns?

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### **Consent for Treatment**

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care. I also, state I am over 18 years old

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Informational Sheet/Checklist

### Packet Checklist

- Health Information (**Screening questionnaire & Office policy must be completed & signed first visit**)
- Directions/map (please go to google maps for directions from your location)

### Communication Checklist

- Fees/forms of payment (see website)
- Cancellation/Late arrival policy (signature required)
- Confidentiality (I do not discuss with others your sessions)
- Parking (off street parking)
- Entrance (glass door closet to alleyway)
- Modesty/Strictly Nonsexual/draping (undress to comfort level draped with sheet during entire session however, the area being worked on is uncovered for access)
- Drugs/alcohol (if you are under the influence, you will not be seen)
- Oils/lotions/allergies (please let me know if you are allergic to any lotions or oils)