

# ACHIEVING PEACE

Today's Date:

Promo Code:

## Contact Information

Name

Date of Birth

Address 1

Email

Address 2

Phone Number

City

State

Zip code

What is the best way  
to contact you?

☐  
☐  
☐

Phone Call

Email

Text Message

Emergency Contact Name

Relationship

Phone Number

Physician

Longevity (ex. Since 2010)

Phone Number

Is this massage/bodywork medically necessary (for a medical condition, injury or surgery)? Yes No

Do you have a physician referral or prescription? Yes No

Are you seeking insurance reimbursement? Yes No

Type of Insurance coverage for this claim:

☐  
☐  
☐

Auto Accident

Workers Compensation

Private Health

## Health History

Have you had any injuries or surgeries in the past that may influence today's treatment? Yes No

If Yes, Please explain (including dates):

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Please check any of the following health conditions that you currently have. (If unsure, Please Ask)

Please answer honestly, as massage may not be okay for you to receive or may need to be altered for these conditions.

☐  
☐  
☐

Blood Clots

Infections

Congestive Heart Failure

☐  
☐  
☐

Contagious Diseases

Pitted Edema

An Open Wound

Please indicate conditions that you have or have had in the past.

x	Condition	Current	Past	Comments
	Muscle or Joint Pain			
	Muscle or Joint Stiffness			
	Numbness or tingling			
	Sensitive to touch/Pressure			
	Fibromyalgia			
	Swelling			
	Bruise Easily			
	High or Low Blood Pressure			
	Stroke/ Heart Attack			
	Varicose Veins			
	Shortness of Breath: asthma			
	Cancer			
	Neurological (MS, Parkinson's, Chronic Pain)			
	Epilepsy, seizures			
	Headaches, migraines			
	Dizziness, ringing in the ears			
	Digestive Conditions (Chron's, IBS)			
	Gas, Bloating, Constipation			
	Kidney Disease, Infection			
	Arthritis (Rheumatoid, Osteoarthritis)			
	Osteoporosis, degenerative spine/disk			
	Scoliosis			
	Broken Bones			
	Allergies			
	Diabetes			
	Endocrine/Thyroid conditions			
	Depression, anxiety			
	Memory Loss, Confusion Easily overwhelmed			

Are you Pregnant?	Yes	No	How far along are you today:	Due Date:    /    /
Is this your first pregnancy?	Yes	No	# of pregnancies	

Comments:

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## Massage Information

Have you ever received professional bodywork before?    Yes   No

What types of massage and bodywork do you prefer? \_\_\_\_\_

Check all those that apply.

- ☐ Traditional Thai Massage
- ☐ Deep Tissue Techniques
- ☐ Structural Integration
- ☐ Sports Massage
- ☐ Trigger Point Therapy

- ☐ Maternity Massage
- ☐ Seated Massage
- ☐ Facilitated Stretching
- ☐ Swedish Massage
- ☐ Facelift Massage

- ☐ Lymphatic Drainage
- ☐ Hydrotherapy
- ☐ Acupressure
- ☐ Cranial Sacral Therapy
- ☐ Reflexology

What kind of pressure do you prefer?      Light    Medium    Firm    Deep

What are your goals/ expected outcome for receiving massage & bodywork?

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How do you feel today?

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List & prioritize your current symptoms/issues.

Stress	Pain	Stiffness	Numbness/tingling	Swelling	Other
Symptom/Issue	Description				

Do these symptoms interfere with your activities of daily living? (e.g. sleep, exercise, work, childcare) \_\_\_\_\_

List any medications you are currently taking:

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Do you wear any of the following:    Contacts    Dentures    Hairpiece

## Consent for Treatment

If I experience pain or discomfort during this session, I will immediately inform Jillian so that her pressure and/or strokes maybe 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 specialist for any mental or physical ailment of which I am aware. I understand that massage and bodywork practitioners are not qualified to perform spinal/skeletal adjustments, diagnosis, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage and 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 Jillian updated as to any changes in my medical profile and understand that there shall be no liability on her 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 this, I give my consent to receive care.

Date:

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Signature