



MASSAGE AND BODYWORKS

Customize Your Massage Experience...

Name, Address, City, State, Zip Code, Home Phone, Work Phone, Cell Phone, Email Address

Welcome to Origins Massage and Bodyworks. Our studio only employs professional Massage Therapist. It is your responsibility to inform the therapist of any pre-existing conditions, limitations or specific sensitivities and to inform your therapist if you feel any discomfort during the session.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ THIS AGREEMENT.

Signature: _____ Date: _____

PLEASE HELP US ENSURE A SAFE AND COMFORTABLE MASSAGE EXPERIENCE BY PROVIDING THE FOLLOWING INFORMATION.

(Check all that apply and explain below)

- Blood Clots, Cancer, Diabetes, Fibromyalgia/Lupus, Headaches, Heart Problems, High/Low Blood Pressure, History of Strokes, Immune System Deficiencies, Infections, Insomnia, Osteoarthritis, Osteoporosis, Pain (Joint, Muscle, Disc, Nerve), Rheumatoid Arthritis, Thyroid Issues, Varicose Veins

Explanation(s): _____

List and Explain: Surgeries, Injuries, Illnesses: _____

Allergies (Scents, Nuts, etc.): _____ Sensitive to heat? Yes No Pregnant? Yes No

List all medications: _____

Have you experienced any of the following in the past three months: Pain, Numbness, Tingling, Swelling Fatigue, etc? If yes, please explain: _____

List daily activities that are inhibited by your current conditions: _____

Are you comfortable with having therapeutic massage on the following areas: _____

- Gluteal Region, Abdomen, Pectoral Muscles, Feet, Face/Head, Desired Pressure, Light, Firm, Deep

(Continues on back)



MESSAGE AND BODYWORKS

(continued...)

Name
Email Address

Origins Massage and Bodyworks values your privacy and will not sell or release your email address for use outside our studio. Your email will only be used to communicate studio related information to you. You can request to be removed from the e-mail list at any time.

Date of Birth	If under 18, how old are you
Occupation	Are you active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No

1. How did you hear about Origins Massage and Bodyworks?

- Drove By/Walk By
- Internet
- Yelp or Facebook
- Referral: _____
- Other: _____

2. What are your current massage needs? (Check all that apply)

- Health and Wellness
- Relaxation
- Stress
- Injury
- Pregnancy
- Headache
- Pain
- Other: _____

3. Have you experienced massage therapy before?

- Yes
- No, this is my first professional massage

4. How often do you get a massage?

- Weekly
- Every two weeks
- Monthly
- Every other month
- Quarterly
- 2 times a year
- 1 time a year

5. Do you get massages as often as you would like?

- Yes
- No

6. How often would you like to get a massage?

- Weekly
- Every two weeks
- Monthly
- Other: _____

7. What prevents you from getting massages as often as you like?

- Time and availability
- Quality of therapist
- Cost
- Other: _____

8. What days and times would be most convenient for you?

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times: _____ a.m. _____ p.m.

9. What qualities are you looking for in a Massage Therapist?

10. Are you enrolled in a Section 125 Health Savings Account (HSA), Flexible Spending Account (FSA), or Health Reimbursement Account (HRA)?

- Yes
- No