# InnerLight Health Spa

(845) 229-9998 - www.InnerLightHealthSpa.com

## Massage Client History Form

Name_____Date_____Telephone Number_____

Address_____City_____State_____Zip_____

Email Address_____

**Would you like to receive the monthly InnerLight Bulb e-Newsletter? Yes No**

How did you hear about us? _____

Date of Birth ____/____/_____Height _____Weight_____

Occupation_____

Activities or repetitive motions_____

Primary reason for appointment_____

Have you ever had a professional massage? Yes No

Please check any conditions that you have, or have had in the past:

__headaches
__allergies
__ high/low blood pressure
__muscle or joint pain
__sinus problems
__ circulatory problems
__muscle or bone injuries
__asthma, lung problems
__ heart problems
__numbness or tingling
__vision problems, contacts
__ blood clots
__arthritis, tendonitis
__ jaw pain, TMJ
__ cancer, tumor
__sleep difficulties
__ hearing problems
__ diabetes
__fatigue
__abdominal, digestive problems
__ hernia
__tension, stress
__ constipation, diarrhea
__ infectious disease
__chronic pain
__ skin problems
__ unlisted condition

Comments regarding checked conditions above:

_____

Have you had significant surgeries or illnesses in the past six month's? Yes No

Have you been cleared by a Doctor to receive massage? Yes No

Please list all medications you are currently taking:_____

Are you pregnant or trying to conceive? Yes No

Do you prefer light___ moderate___ or deep___ pressure?

Do you want work done to your glutes _____ abdomen _____

Your comfort is our concern. Please let us know if you are hot, cold, uncomfortable or just right. Please note our lateness and cancellation policy. If you are late for your appointment, we do expect full payment and we are only able to accommodate ten minutes beyond your scheduled end time. If you do not show up or cancel without 24 hours advanced notice, we do expect full payment. We appreciate your business and most of all your respect. Thank you.

I attest that the above information is true to the best of my knowledge and I release InnerLight Health Spa, with associated therapists, of liability as a result of anything other than malpractice.

Client Signature _____Date ___/___/_____