Superior Body Massage & Spa

Confidential Client Health History From

Welcome, thank you for choosing Superior Body. Every body is unique and has different needs. In order to meet your specific needs most effectively and safely, please take a few moments to carefully complete this form. If you have any questions or would like to explain something in more detail, we will have time before we begin your session.

Name: _____ Date: _____

Phone: _____ Birthday: _____ Occupation: _____

Emergency Contact Name and Phone: _____

If you would like to be on our e-mail mailing list, please provide your e-mail address: _____

How did you hear about us? __ Person __ brochure __ Internet __ Chamber __ Yellowbook __ Other

BACKGROUND:

Please check any of the following that apply to you.

___ High/Low Blood Pressure
___ Poor Circulation
___ Heart Conditions
___ Varicose Veins
___ Blood Clots
___ Asthma
___ Cancer
___ Sensitivity to Light/Sound/Smell
___ Arthritis
___ Osteoporosis
___ Broken/Fractured Bones
___ TMJ Disorder
___ Spinal Injury/Surgery
___ Skin Conditions
___ HIV
___ Difficulty Sleeping
___ Diabetes
___ Fibromyalgia
___ Frequent Headaches
___ Digestive Disorders
___ Pregnancy
___ Bursitis/Tendonitis
___ High Cholesterol
___ Claustrophobia

Other Conditions, please explain _____

_____

Please list any allergies, including any sensitivity to food (nut allergies) or household chemicals.

_____

Please list any recent illnesses, injuries, or surgeries. _____

Please list any medications or supplements you are currently taking. _____

_____

Please inform your therapist of any open wounds, bruises, rashes or other skin conditions.

It is my choice to receive massage therapy or spa treatments. I understand that I have the option to end the session at any time. I have stated all medical conditions that I am aware of and will update the massage therapist of any changes in my health status.

Signature: _____ Date: _____