



12791 Kenwood Lane #1001  
Ft. Myers Florida 33907  
www.FtMyersMassageAndSkinCare.com

To make your appointment pleasant and comfortable, please complete this form.  
If you have any questions, please ask!

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

May we contact you about upcoming promotions/discounts? Yes / No (Circle) Do you prefer: Text or Email (Circle)

Email Address \_\_\_\_\_ Texting Number \_\_\_\_\_

***The following information will be used to help plan a safe and effective massage session. Please answer the questions to the best of your knowledge.***

Have you ever experienced a professional massage? Yes / No (Circle) If Yes, how often? \_\_\_\_\_

Do you have any allergies to oils, lotions, or ointments Yes / No (Circle) If Yes, please explain. \_\_\_\_\_

Do you have sensitive skin? Yes / No

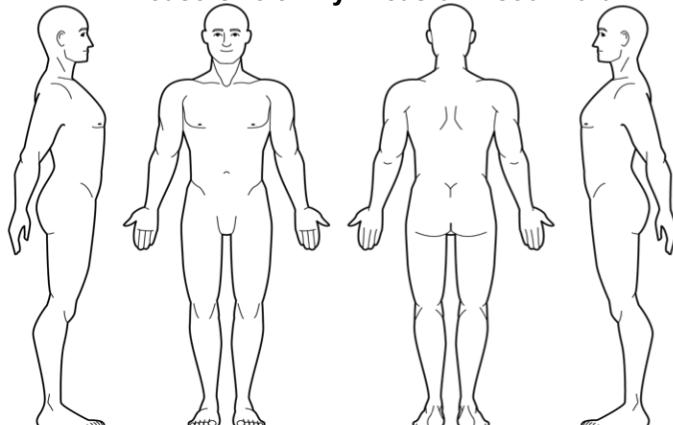
Are you wearing contact lenses, dentures or hearing aids? Explain \_\_\_\_\_

Do you sit for long hours at a workstation, computer or driving Yes / No (Circle)

What pressure do you prefer?  Light  Medium  Deep

Do you have any goals in mind for this massage session? Explain \_\_\_\_\_

**Please Circle Any Areas of Discomfort**



**In order to plan a massage session that is safe and effective, I need some general information about your medical history.**

## Health History

Are you currently taking any medication? Yes / No. If yes, please explain \_\_\_\_\_

Please check any condition listed below that applies to you:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Contagious Skin Condition | <input type="checkbox"/> Easy Bruising        | <input type="checkbox"/> Cancer              | <input type="checkbox"/> Current Fever               |
| <input type="checkbox"/> Atherosclerosis           | <input type="checkbox"/> Circulatory Disorder | <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Recent Accident or Injury   |
| <input type="checkbox"/> Allergies/Sensitivity     | <input type="checkbox"/> Headaches/Migraine   | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Joint Disorder / Tendonitis |
| <input type="checkbox"/> Artificial Joint          | <input type="checkbox"/> Back/Neck Problems   | <input type="checkbox"/> Phlebitis           | <input type="checkbox"/> Osteoporosis                |
| <input type="checkbox"/> Recent Fracture           | <input type="checkbox"/> Recent Surgery       | <input type="checkbox"/> Varicose Veins      | <input type="checkbox"/> Pregnancy                   |
| <input type="checkbox"/> Fibromyalgia              | <input type="checkbox"/> Epilepsy             | <input type="checkbox"/> Sprains/Strains     | <input type="checkbox"/> High/Low Blood Pressure     |
| <input type="checkbox"/> Swollen Glands            | <input type="checkbox"/> Tennis Elbow         | <input type="checkbox"/> Decreased Sensation | <input type="checkbox"/> Carpal Tunnel Syndrome      |

Explain any conditions you have marked above: \_\_\_\_\_

I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, its is not a substitute for medical examination, diagnosis, and treatment. Being that massage should not be performed under certain medical conditions, I confirm that I have answered all questions pertaining to medical conditions truthfully. In the event I become injured as a result in whole or part, after the massage, I hereby hold harmless and indemnify the therapist and the company Health Therapy & Beauty Center from all claims and liability. **THIS IS A PROFESSIONAL MASSAGE AND ANY SEXUAL REMARKS OR ADVANCES WILL TERMINATE THE SESSION AND WILL BE LIABLE FOR PAYMENT OF THE SCHEDULED MASSAGE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Health Therapy & Beauty Center 12701 Kenwood Ln. #1001 Ft. Myers Florida 33907

