

**Casalinda Massage  
San Antonio, Tx**

*WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.*

Name \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ City \_\_\_\_\_ Home \_\_\_\_\_ Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
Have you ever received massage therapy? Yes / No  
Type of massage experienced (swedish, shiatsu, deep tissue, etc.) \_\_\_\_\_  
Are you currently taking any medications? Yes / No  
If yes, please list name and reason for medications \_\_\_\_\_  
Are you currently seeing a healthcare professional? Yes / No  
If yes, please list names and reason/treatment \_\_\_\_\_

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Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

- |  |   |
|--|---|
| <input type="radio"/> arthritis                  | <input type="radio"/> stroke                                  |
| <input type="radio"/> diabetes                   | <input type="radio"/> surgery                                 |
| <input type="radio"/> blood clots                | <input type="radio"/> TMJ disorder                            |
| <input type="radio"/> broken/dislocated bones    | <input type="radio"/> depression, panic disorder, other psych |
| <input type="radio"/> bruise easily              | <input type="radio"/> condition                               |
| <input type="radio"/> cancer                     | <input type="radio"/> diverticulitis                          |
| <input type="radio"/> chronic pain               | <input type="radio"/> headaches                               |
| <input type="radio"/> constipation/diarrhea      | <input type="radio"/> heart conditions                        |
| <input type="radio"/> auto-immune condition*     | <input type="radio"/> back problems                           |
| <input type="radio"/> hepatitis (A, B, C, other) | <input type="radio"/> high blood pressure                     |
| <input type="radio"/> skin conditions            | <input type="radio"/> insomnia                                |
|  | <input type="radio"/> muscle strain/sprain                    |
|  | <input type="radio"/> pregnancy                               |
|  | <input type="radio"/> scoliosis                               |
|  | <input type="radio"/> seizures                                |
|  | <input type="radio"/> whiplash                                |
|  | <input type="radio"/> chemical dependency (alcohol, drugs)    |

(\*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is anything else to share, please do so:

Do you have any of the following today:

Y / N skin rash cold/flu open cuts severe pain

Y / N anything contagious injuries/bruises

Do you have any allergies to:

Y / N medications foods (nuts, etc.)

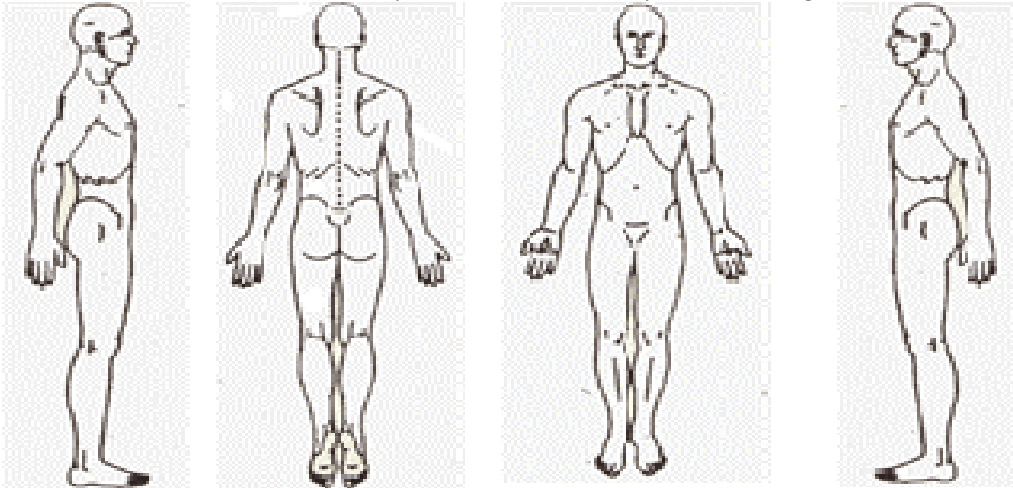
Y / N environmental allergens (dust, pollen, fragrances)

Reactions to skin care products:

If any of the above are checked, please give details:

Are you wearing: contact lenses hearing aid hairpiece

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session?

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The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to:  
need to move or change position v sighing, yawning, change in breathing  
stomach gurgling v emotional feelings and/or expression  
movement of intestinal gas v energy shifts v falling asleep v memories

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that

I have answered all questions pertaining to medical conditions truthfully.

Signature: \_\_\_\_\_ / /