Before your massage

About four minutes. Your therapist reads this before your appointment.

Questions marked * need an answer.

We use your answers only to plan a safe massage, and keep your health answers for [period]. Privacy policy: _____.

1. Full name *

2. Mobile *

3. Email *

4. Is the person having the massage under 18? *

◯ Yes ◯ No

5. Parent or guardian's name *

Only if "Is the person having the massage under 18?" is Yes.

Your massage

6. Have you had a professional massage before?

◯ No, this is my first ◯ Once or twice ◯ Regularly

7. What would you like from this massage? *

☐ Relax and unwind ☐ Ease tension or stiffness ☐ Work on a sore spot

☐ Recover from exercise ☐ Other: _____

8. Where would you like us to focus?

☐ Neck and shoulders ☐ Upper back ☐ Lower back

☐ Arms and hands ☐ Hips and glutes ☐ Legs

☐ Feet ☐ Head and face

9. Anywhere you would rather we did not massage?

10. What pressure do you like?

- ◯ Light
- ◯ Medium
- ◯ Firm
- ◯ Not sure: check in with me

11. Do you find it hard to lie on your front, back or side?

- ◯ Yes
- ◯ No

Before we start

These questions are about safety. Some conditions change where or how firmly we massage, or mean waiting a while. A tick does not rule you out.

12. Does any of this apply to you at the moment? *

- ☐ Pregnant
- ☐ Blood clots or DVT, now or in the past
- ☐ Surgery, a fracture or an injury in the last three months
- ☐ A heart condition, or high or low blood pressure
- ☐ Diabetes, or numbness in the hands or feet
- ☐ Cancer treatment now or in the last year
- ☐ Epilepsy or seizures
- ☐ Osteoporosis
- ☐ Varicose veins
- ☐ A rash, skin condition, cut or bruise
- ☐ A fever, a cold or anything catching
- ☐ Blood-thinning medicine
- ☐ An allergy to oils, lotions, nuts or scents
- ☐ None of these

13. Anything else your therapist should know?

For example, more about something you ticked.

14. Changes *

- ☐ I will tell my therapist if anything above changes before a later visit.

Agreement

15. Not medical treatment *

☐ Massage is not a substitute for medical care. My therapist does not diagnose or prescribe.

16. Draping and conduct *

☐ I will be covered except where I am being massaged, I can ask to stop at any time, and any sexual remark or advance ends the session.

17. Cancellations *

☐ I agree to the cancellation policy: [notice period and fee, link].

18. Health answers *

☐ I agree to [business name] keeping my health answers to plan my massages.

19. Signature *

Confirms your answers are true. A parent or guardian signs for anyone under 18.

Signature _____ Date _____