

Medical Questionnaire

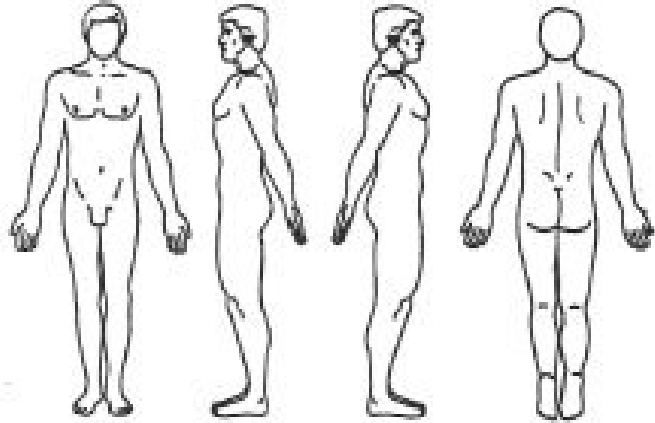
Print Name _____ Date ____/____/____
 Address _____ Unit# _____ City _____ State _____ Zip _____
 Preferred phone # _____ - _____ - _____ Cell, home or work Other # _____ - _____ - _____ Cell, home, work
 e-mail _____ @ _____ Date of Birth ____/____/____

Your information is kept in confidence. Email is used for sending health tips or occasional specials.

How did you hear about me? _____

Please circle and describe the answers to the following confidential medical questions.

1. Which areas of the body do you carry your stress? **Using the anatomy drawings on the right, please shade areas of discomfort.** ⇨ ⇨ ⇨ ⇨



2. I would prefer **not** to have the following areas massaged:
 Scalp Abdomen Buttocks Feet
 I'm fine with all the above.

3. My occupation is _____

4. My *frequent* positions or motions are:
 Standing Sitting Lifting Sports
 Working Out Computer

5. _____ How many 8 oz. glasses of water that you drink daily? Do you drink **caffeinated** drinks? N Y

- 6. no yes not sure Heart Condition _____
- 7. no yes Any new/old injuries? _____
- 8. no yes not sure Cancer? _____
- 9. no yes Herniated Bulging or Degenerative Disc. Where? _____
- 10. no yes Numbness or pins and needles? Where? _____
- 11. no yes Seizures or stroke history? _____
- 12. no yes not sure Pregnant Trimester ? 1 2 or 3

13 Please indicate any medical condition, medications and/or implants. (*Your information will be kept confidential.*) **You do not need to indicate Viagra, breast implants nor birth control.**

Ex. Arthritis _____

- 14 My last massage by a therapist was: less than a month beyond a month several months never
- 15. I am interested in massage services for: (*choose one or more*) relaxation only pain relief
 detoxification flexibility improvement with more visits

The information I provided is accurate to the best of my knowledge. I will not hold MaryAnne J. Palumbo liable for any omitted pertinent medical information or misrepresentation. I will immediately inform the massage therapist of any unusual sensation or discomfort, so that the application of pressure or strokes may be adjusted to my level of comfort. I realize that massage is not a substitute for a medical doctor and the therapist will not diagnose or offer cures. I know that no service offered is a substitute for proper nutrition and exercise. Whenever possible, I will provide 24 hours notice for any future cancellations? **I know that I need to drink 16 oz. water following any sessions of massage and electronic therapy for cleansing toxins.**

Please sign here. X _____