

# CONFIDENTIAL CLIENT INFORMATION

**Welcome to Water Lily. In order to make your session as enjoyable and comfortable as possible, we would appreciate it if you would take a moment to fill out this questionnaire regarding your personal health. Thank you.**

NAME: \_\_\_\_\_ HM PHONE: \_\_\_\_\_ WK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

HAVE YOU EVER RECEIVED MASSAGE THERAPY BEFORE?  YES  NO

TYPE OF MASSAGE EXPERIENCED:  DEEP TISSUE  SWEDISH  OTHER: \_\_\_\_\_

ARE YOU TAKING MEDICATION?  YES  NO PLEASE DESCRIBE: \_\_\_\_\_

HAVE YOU CONSUMED ALCOHOL IN THE PAST 24 HOURS?  YES  NO

ARE YOU PREGNANT?  YES  NO

### DO YOU HAVE A HISTORY OF THE FOLLOWING?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> accident                     | <input type="checkbox"/> sprains                       | <input type="checkbox"/> diabetes                    |
| <input type="checkbox"/> neck pain                    | <input type="checkbox"/> seizures                      | <input type="checkbox"/> varicose veins              |
| <input type="checkbox"/> whiplash                     | <input type="checkbox"/> abdominal pain                | <input type="checkbox"/> high blood pressure         |
| <input type="checkbox"/> headaches                    | <input type="checkbox"/> nervous tension               | <input type="checkbox"/> stroke                      |
| <input type="checkbox"/> disk problems                | <input type="checkbox"/> cancer                        | <input type="checkbox"/> heart attach                |
| <input type="checkbox"/> decreased range of motion    | <input type="checkbox"/> allergies to oils or perfumes | <input type="checkbox"/> arthritis, bursitis or gout |
| <input type="checkbox"/> joint ache                   | <input type="checkbox"/> surgery                       | <input type="checkbox"/> HIV                         |
| <input type="checkbox"/> mid back pain                | <input type="checkbox"/> breast augmentation           | <input type="checkbox"/> broken bones                |
| <input type="checkbox"/> any other infectious disease |  |  |

### PLEASE INDICATE IF YOUR CONSUMPTION IS:

	None	Light	Moderate	Heavy
Salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PLEASE INDICATE THE PLACES YOU ARE FEELING DISCOMFORT:

### DO YOU HAVE ANY OF THE FOLLOWING TODAY:

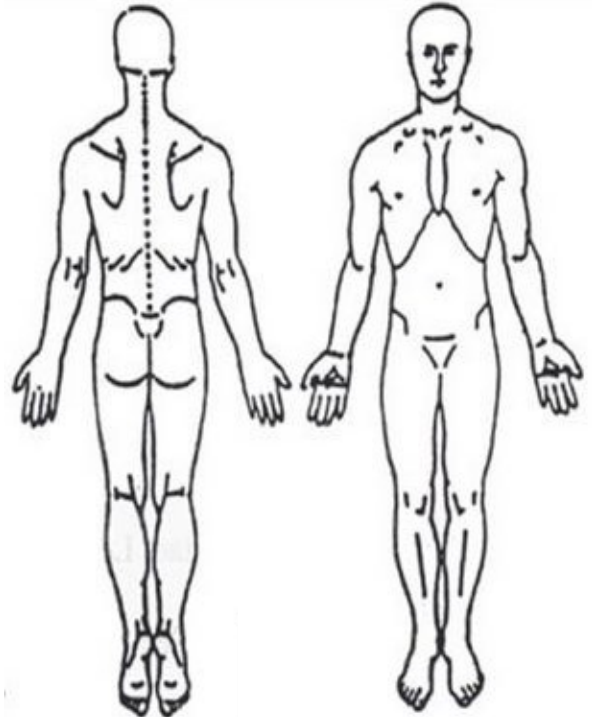
- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> sunburn      | <input type="checkbox"/> open cuts, bruises, burns |
| <input type="checkbox"/> inflammation | <input type="checkbox"/> irritated skin rash       |
| <input type="checkbox"/> severe pain  | <input type="checkbox"/> poison ivy                |
| <input type="checkbox"/> headache     | <input type="checkbox"/> cold/flu                  |

### PLEASE READ THE FOLLOWING AND SIGN BELOW:

- I understand that this massage is not a replacement for medical care and that no diagnosis will be made.
- I am responsible for paying for any appointment cancellation of less than 24 hours.
- If you are late for an appointment, treatment time will be extended if at all possible; if times does not allow, you will be charged for the full session.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



*PLEASE ADVISE IF YOU ARE ILL — WE MAY NEED TO RESCHEDULE.*