

Miracle Sports Massage

Please answer the following questions. The answers will better help us in providing service and will be kept completely confidential.

First Name _____ Last _____ Ph# _____

Address _____ City _____ St _____ Zip _____

Birth Date ____/____/____ Occupation _____ Hobbies _____

Emergency Contact _____ Phone _____ Relationship _____

Email Address _____ Are you interested in coupons and offers? Y / N

Do you wear contacts? _____ Dentures? _____ Hearing Aid? _____ Do you exercise? Y / N

How much water do you drink per day? _____ Do you consider yourself stressed? _____

When was your last massage? _____ How frequently do you receive Massage? _____

Describe any surgeries, hospitalizations, accidents or injuries:

Less than 5 years ago: _____

More than 5 years ago _____

Do you experience any chronic, ongoing pain on a regular basis? Y / N

Please explain: _____

What activities cause and / or make the pain worse: _____

Please list all current medications: _____

WOMEN: Pregnant? Y / N Due Date _____ MEN: Prostate problems? Y / N

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Please check the appropriate boxes that apply to your present health:

- | | | |
|--|---|--|
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Sleep Difficulties | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Muscle Or Joint Pain |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Shortness Of Breath |
| <input type="checkbox"/> Jaw Pain / Teeth Grinding | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Tendonitis | <input type="checkbox"/> High / Low Blood Pressure |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Cancer / Tumors |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Arthritis | <input type="checkbox"/> HIV / AIDS |

I understand that I may be denied service at the Miracle Sport Massage clinic if I behave inappropriately during the session or have consumed drugs or intoxicating substance prior to my appointment. Massage Therapists do not diagnose disease or prescribe drugs. I also understand that there is a 24 hour cancellation policy and a missed appointment will incur charges that I must pay.

Signature

Date