

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ E-mail: _____

Occupation: _____ Hobbies: _____

Emergency Contact: _____ Phone: _____

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your comfort and knowledge.

1. Have you had a professional massage before? Yes No If yes, how often? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No
If yes, please explain: _____

3. Do you have any allergies to oils, lotions, or ointments? Yes No
If yes, please explain: _____

4. Do you have sensitive skin? Yes No | Do you consider yourself ticklish? Yes No
If yes, are there areas I should avoid or be careful around? _____

5. Are there any massage/spa smells that you especially like/dislike? Vanilla, lavender, peppermint, eucalyptus, jasmine, lemongrass, others: _____

6. Do you sit for long hours at a workstation, computer, or driving? Yes No
If yes, please describe: _____

7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please describe: _____

8. Do you experience stress in your work, family, or other aspect of your life? Yes No
If yes, do you think it is affecting any of the following: muscle tension () anxiety ()
insomnia () irritability () other _____

9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort now? Yes No
If yes, please identify: _____

10. Do you have any particular goals in mind for this massage session? Yes No
If yes, please explain: _____

11. Circle any of the topics below if you are interested in incorporating them into your massage session (now or later) or learning more about them:

Breath Work | Energy Work | Cupping | Essential Oils | Nurturing Touch | Thai Stretching

Comments: _____

Medical History

12. Are you currently under medical supervision (including chiropractic) or taking any medications? Yes No

If yes, please explain/list: _____

13. Please check any condition listed below that applies to you:

- | | |
|--|--|
| <input type="checkbox"/> any issues with touch/massage | <input type="checkbox"/> any adverse reactions to massage |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> deep vein thrombosis/blood clots |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> joint disorder/rheumatoid-
arthritis/osteoarthritis/tendonitis |
| <input type="checkbox"/> recent injury or surgery | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> sprains/strains | <input type="checkbox"/> cancer |
| <input type="checkbox"/> current fever | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> varicose veins or phlebitis | <input type="checkbox"/> pregnancy If yes, how many months? |
| <input type="checkbox"/> atherosclerosis | |

Please explain any condition that you have marked above and anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you:

14. Can you please tell me how you learned of me and/or my practice? (Thank you!):

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I am at least 18 years of age. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any physical or mental ailment that I am aware of. I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile in the future and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date _____

All information disclosed in this form is confidential and will not be shared with anyone without your express consent and knowledge.

Tell me anything that can help me understand more about the type of massage that you want to receive and help me to give you the best experience possible!

	Least <-----> More - Most
How relaxing do you want your massage to be?	1 2 3 4 5 6 7 8 9 10 - Ultra!
How deep do you want your massage to be?	1 2 3 4 5 6 7 8 9 10 - Ultra!
How comfortable are you with massage/touch?	1 2 3 4 5 6 7 8 9 10 - Ultra!
How warm do you like your massage room?	1 2 3 4 5 6 7 8 9 10 - Ultra!
How warm do you like your massage table?	1 2 3 4 5 6 7 8 9 10 - Ultra!
How modest are you (0=Not at all and 10=very)	0 2 3 4 5 6 7 8 9 10 - Ultra!

How Nurturing? This is a hard concept to define because nurturing can mean so many different things to different people. My nurturing work is significantly more generous and luxurious than my strictly therapeutic work. The strokes get progressively slower, more lavish and lingering and include more neuro-emotional system engagement. Please ask me any questions that you have about this.

How **nurturing** do you want your massage to be? 1 2 3 4 5 6 7 8 9 10 - Ultra!

Areas That Can Be Sensitive to Work On or Around: Please circle the type of work, if any, you want in the following areas:

Glutes - None | Light | Medium | Thorough | Other: _____

Adductors (inner thighs) - None | Light | Medium | Thorough _____

Groin/Psoas Area - None | Light | Medium | Thorough | Other: _____

Stomach - None | Light | Medium | Thorough - **Ticklish Stomach?** Yes No _____

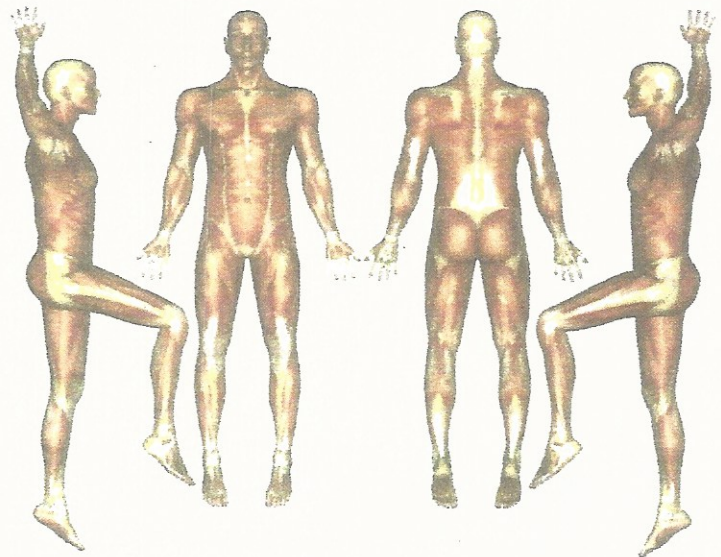
Feet - None | Light | Medium | Thorough - **Ticklish Feet?** Yes No _____

Chest - Full Chest | Upper Chest Only | None **Type:** Light | Medium | Thorough | Other

Face - Yes | No **If yes, what type:** Light Relaxing Touch | Deep Muscle Work | Both

Scalp - None | Some | Lots! _____ **Hair** - None | Some | Lots! _____

Other Areas of Concern or Special Focus: Let me know what else to focus on or avoid.



If you really want to customize your massage experience, give me some descriptive adjectives that describe your ideal massage: _____

A Whole Lot of Information about Draping and Personal Modesty...





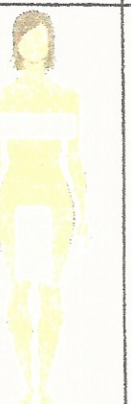


It is very important for both of us to feel as comfortable, relaxed and safe as possible during your session. One of the things that can cause some unease is the amount and type of draping used during the session, especially in styles of massage like my own that traditionally use less draping than other styles. ***My standard recommendation is for you to undress completely (underwear and all), if you are comfortable doing so and select the draping that is most comfortable for you.*** This lets me use long, full-body strokes to treat the muscles in your neck, back, arms, hips, outside glutes and legs as one separate-but-definitely-continuous and integrated group of muscles. I will keep you covered to your desired level of modesty throughout the massage with a sheet or Lomi towels unless you specifically request no draping.

Please circle your level of modesty and desired levels of draping below and ***please ask me if you have any questions regarding draping.***

Draping Options from Least to Most Modest: Please Circle to Select

No Draping | Island Lomi Towel | Traditional Lomi Towels | Lomi Sheet | Western Sheet

Draping Examples: These images illustrate different styles of draping that are available to you at my practice. I used female figures for the examples, but the draping options apply equally to men and women. ***The green represents a sheet and the white represents a cloth towel.*** The draping to the left of each set is the most modest/clinical but does not allow for the most thorough and uninterrupted Deep Lomi Massage experience – whereas the draping to the right does, but is obviously less modest. I will adjust my massage to meet your draping preferences. ***The bottom line is that you feel safe, relaxed and completely comfortable with your choice so that you can thoroughly enjoy your massage.***

Face Down			Face Up			No Draping
Lomi Sheet	Traditional Lomi Towel	Western Sheet	Lomi Sheet	Traditional Lomi Towels	Island Lomi Towel	With or W/O Clothing*
						

Chest Massage Draping: For clients who want to have their full chest massaged or just undraped but would like their nipples/areolae covered, I have some disposable adhesive nipple covers that you can use and/or you are more than welcome to bring your own.

**I Include the no-draping option for clients who are comfortable with their bodies and feel it is more natural and relaxing to be worked on in this manner - as well as to say that for me, in terms of bodywork, there should be no shame or glory rooted in our human form, only freedom and acceptance. At this time the Washington state regulations allow for licensed massage to be done in this manner, but the regulations will probably be changing in the next year and we may have to revisit your draping options at that time. In addition, your desired draping should be decided upon before the massage as I do not like to change to less modest draping preferences in the middle of a session without written consent.*

INFORMED CLIENT CONSENT, DISCLOSURE & RELEASE FOR PURPOSES OF RECEIVING BREAST MASSAGE

When your massage therapist provides treatment of the breast and chest area, it is important that you, the client, fully understand the nature and purpose of this treatment. In addition to discussing the massage of your breasts and breast area with your massage therapist, this written consent, disclosure and release form will act as a record of that discussion, your understanding of the treatment and your desire for your massage therapist to provide such treatment. If you have any questions, either from your discussion or while completing this form, please ask your therapist for clarification prior to signing

I am requesting breast massage

I, _____, am voluntarily requesting breast massage treatment, for the purposes of _____.

I have discussed the treatment and/or treatment plan with my massage therapist, _____. During this discussion, my therapist explained the benefits, risks and potential side effects of breast massage. I have also been informed of the areas to be treated, positioning and how I will be draped (covered) during the massage session. I have had the opportunity to ask questions about the above information and I am aware I can ask questions at any time.

If I feel uncomfortable for any reason before or during the breast massage, I will ask the therapist to cease the treatment and continue massaging other areas, or to cease massage session. I further understand that I may modify or withdraw my consent for this treatment, or the entire massage, at any time during this or any other treatment.

I understand that the nipples (areolas) of my breasts will not be touched at any time during the treatment. (See additional release below if nipple/areola massage is also being requested.)

I am comfortable having my therapist work with his or her hands directly on my uncovered breasts while performing massage.

Client Signature: _____ Date: _____

Massage Therapist Signature: _____ Date: _____

I am requesting nipple/areola massage

I am requesting and clarifying my permission for receiving undraped breast massage, I am also requesting massage treatment of my nipples (areola) from my massage therapist specifically for purposes of:

Client Signature: _____ Date: _____

Massage Therapist Signature: _____ Date: _____

In addition to myself and the massage therapist, (Please check box & initial) Client Initials:

I am **REQUESTING** the option to have a witness in the treatment room _____

I am **DECLINING** the option to have a witness in the treatment room _____