



Masha's
Therapeutic
Massage

Masha's Therapeutic Massage
Masha Davis, LMT
4505 North Illinois Street, Suite #9
Swansea, IL 62226
618.708.0067

Office
Use Only

Please Print.

Name: _____ DOB ____ / ____ / ____ Age ____

Address: _____

City/State/Zip: _____

Phone: (____) _____ - _____ Email: _____

Occupation: (optional): _____

How did you hear about my business? Circle: **Yelp** **Google** **Bing** **Yahoo** **Flier** **Driving by**

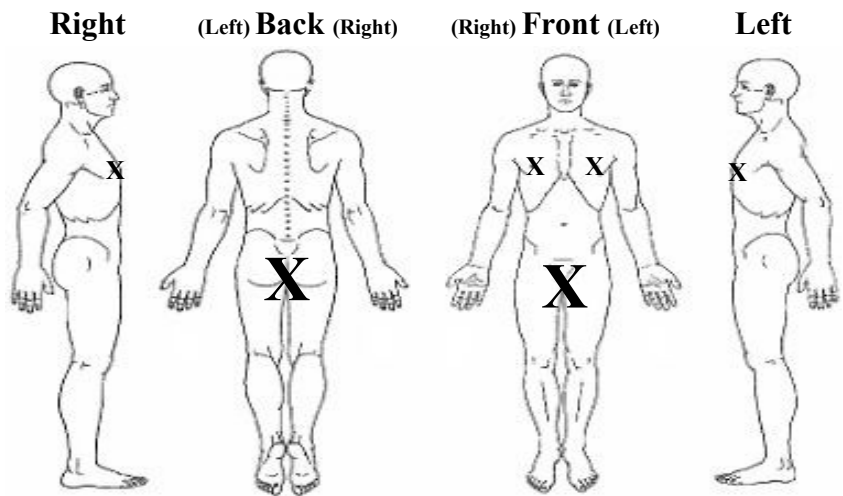
Referred by (name) _____

Other: _____

Check ALL that currently apply.

Circle = FOCUS HERE X = DO NOT TOUCH

- | | |
|--|--|
| <input type="checkbox"/> PAIN | <input type="checkbox"/> HEART PROBLEMS |
| <input type="checkbox"/> STIFFNESS | <input type="checkbox"/> HEADACHE |
| <input type="checkbox"/> TIGHTNESS | <input type="checkbox"/> HYPERTENSION |
| <input type="checkbox"/> ARTHRITIS | <input type="checkbox"/> PREGNANT |
| <input type="checkbox"/> STRESS | <input type="checkbox"/> 1st 2nd 3rd TRIMESTER |
| <input type="checkbox"/> DEPRESSION | <input type="checkbox"/> CANCER |
| <input type="checkbox"/> BROKEN BONES | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> COLD/FLU | <input type="checkbox"/> DEMENTIA |
| <input type="checkbox"/> INFECTION | <input type="checkbox"/> ALZHEIMER'S |
| <input type="checkbox"/> NUMBNESS | <input type="checkbox"/> FIBROMYALGIA |
| <input type="checkbox"/> NEUROPATHY | <input type="checkbox"/> VARICOSE VEINS |
| <input type="checkbox"/> BRUISE EASILY | <input type="checkbox"/> SKIN CONDITION |
| <input type="checkbox"/> PACEMAKER | <input type="checkbox"/> SINUS ISSUES |
| <input type="checkbox"/> VERTIGO | <input type="checkbox"/> SWELLING |
| <input type="checkbox"/> NAUSEA | <input type="checkbox"/> INFLAMMATION |
| <input type="checkbox"/> LYMPHEDEMA | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> SCOLIOSIS | _____ |



Have you had a massage before? NO ____ YES ____ (How long ago?) _____

How much pressure do you like (ex: light, firm but relaxing, very deep)? _____

Are you currently under a physician's care or on medication? (Y N) Explain: _____

Accidents, health issues, injuries, or surgeries in the last year? (Y N) Explain: _____

Skin, scent, food, herb, or nut allergies? (Y N) Explain: _____

I have provided all related medical information. I understand that the purpose of this massage is for relaxation only, & that in no way will the massage therapist claim to diagnose, treat, cure, or prevent any condition.

Client Signature: _____ Date: _____