



Nourished MedSpa and Wellness Center  
Massage Therapy Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred telephone number: \_\_\_\_\_ Home / Work / Cell (circle one) Cell carrier: i.e., ATT/Verizon/Sprint

Ethnicity: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Marital Status: Never Married or Single / Married / Divorced or Separated / Domestic Partnership / Widowed

If married, anniversary date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_

Emergency contact relationship to you: \_\_\_\_\_

How did you hear about us? Friend or word of mouth / Internet search / Promotion / Other: \_\_\_\_\_

Referred by: \_\_\_\_\_ Primary care physician: \_\_\_\_\_

Have you had a massage/bodywork before?  Yes  No How often: \_\_\_\_\_ Type: \_\_\_\_\_

What type of massage are you interested in?

Chair Massage

*A quick massage applying lifting, squeezing and kneading strokes to the neck and upper back*

Swedish

*The application of gliding strokes of varying pressure that follow the contours of the body*

Deep Tissue

*This massage is designed for those individuals who request a deeper massage and for those that suffer from chronic pain*

Myofacial Release

*Involves applying sustained pressure into the myofascial connective tissue restrictions to eliminate pain and restore motion*

CBD Oil Massage

*Involves applying CBD Oil to improve overall health and cannabinoid balance*

What level of pressure are you interested in?

Very light

Light

Medium

Deep

Would you like to add on services to your massage?

Aromatherapy

Hot Stones

Reasons for seeking massage? (relaxation, injury, etc.)

Description of injury/health condition:

Expected outcomes (functional improvement, symptom relief, wellness):

Do you have any joints that have decreased mobility?

Do you have special needs we should prepare for?

Do you have any allergies or sensitivities?

List all medications and supplements (including over-the-counter vitamins, herbals or supplements:

Name and dose	Schedule
<i>e.g., Lisinopril 10 mg</i>	<i>Twice daily</i>

Circle any of the following symptoms you have had or are currently experiencing:

- |                       |                     |                         |                   |                     |
|-----------------------|---------------------|-------------------------|-------------------|---------------------|
| Bone or joint disease | Tendonitis/Bursitis | Arthritis/Gout          | Jaw Pain (TMJ)    | Lupus               |
| Spinal Problems       | Migraines/Headaches | Osteoporosis            | Heart Condition   | Phlebitis           |
| Varicose Veins        | Blood Clots         | High/Low Blood Pressure | Lymphedema        | Thrombosis/Embolism |
| Breathing Difficulty  | Sinus Problems      | Shingles                | Numbness/Tingling | Pinched Nerve       |
| Chronic Pain          | Headaches           | Multiple Sclerosis      | Paralysis         | Cancer/Tumors       |
| Cosmetic Surgery      | Athlete's Foot      | Anxiety/Stress Syndrome | Depression        | Other:              |

Circle which of the following areas are affected:

- |        |             |            |        |          |
|--------|-------------|------------|--------|----------|
| Head   | Neck        | Shoulders  | Arms   | Forearms |
| Hands  | Front Torso | Back Torso | Spine  | Hips     |
| Thighs | Knees       | Lower Legs | Ankles | Feet     |

How would you describe the severity of your symptoms?

- |      |          |        |
|------|----------|--------|
| Mild | Moderate | Severe |
|------|----------|--------|

Circle any of the following areas that should be avoided:

- |        |             |            |        |          |
|--------|-------------|------------|--------|----------|
| Head   | Neck        | Shoulders  | Arms   | Forearms |
| Hands  | Front Torso | Mid Back   | Spine  | Hips     |
| Thighs | Knees       | Lower Legs | Ankles | Feet     |

**Future Appointments/Contact:**

May we call or text your preferred phone number to confirm future appointments?  Yes  No  
*Please note standard text messaging rates may apply*

May we contact you via email to confirm appointments and send our promotions?  Yes  No  
*You may opt out at any time*

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or complications from your treatment that may be irreversible and/or dismissal from the practice. The treatments I receive here are voluntary and I release this institution, all employees and contractors from liability and assume full responsibility thereof.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Patient Signature