GREENLEAF
MASSAGE + DAY SPA

MASSAGE CONSULTATION

Date: _____

Name: _____

Adddress: _____

City: _____ ST: _____ Zip: _____

Primary Phone: ( ) _____

Date of Birth: _____ Email: _____

What is your occupation? _____

How did you learn about Green Leaf Massage? _____

Do you currently have or experience any of the following?

☐ Stress ☐ Arthritis ☐ Diabetes
☐ Osteoporosis ☐ Headaches ☐ Tension or soreness ☐ High blood pressure ☐ Numbness or stabbing pain
☐ Bruise easily ☐ Pregnant ☐ Breast feeding ☐ Injuries or surgeries in the past 12 months
☐ Back pain ☐ Joint swelling ☐ Current skin issues ☐ Epilepsy or seizures ☐ Sensitiviey to touch

Are you currently taking any medications? ☐ Yes ☐ No If yes, please describe: _____

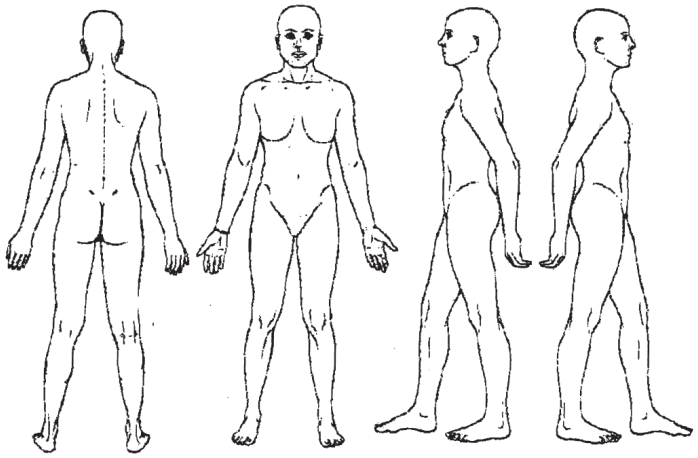
Do you have any known allergies? ☐ Yes ☐ No If yes, please describe: _____

Have you experienced a professional massage session? ☐ Yes ☐ No

What kind of pressure do you prefer? ☐ Light ☐ Medium ☐ Firm

What would you like to achieve from your treatment today? _____

Please mark any areas of tension or pain that you would like addressed on the figures below.



TIME PREFERENCE

If you would like a special focus, please let us know:

☐ General full body, no special focus
☐ Full body with upper body focus
☐ Full body with lower body focus
☐ Upper body only
☐ Lower body only
☐ Upper body, feet and hands
☐ No work on extremities
☐ Extremities only
☐ Posterior body only (face down only)
☐ Anterior body only (face up only)
☐ Other

INFORMED CONSENT

I understand that the massage given to me by Green Leaf Massage Therapy is for the purpose of stress reduction, relaxation, pain reduction, relief from muscle tension and increasing circulation. I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy. I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have. I have stated all my known physical conditions and I will keep the massage therapist updated on any changes.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____