

TWO RIVERS MASSAGE CONFIDENTIAL INFORMATION PROFILE

| | | | |
|--------------------------------|------|--------------|-----------|
| Name | | Today's Date | |
| Address | | City | State Zip |
| PHONE: Home | Work | Cell | |
| How did you find out about us? | | | |

Your date of birth: _____ EMAIL ADDRESS: _____

Have you received massages or bodywork before (massage, acupuncture, etc) _____

List current areas of pain or discomfort _____

Reason for pain or discomfort (car accident, sports injury, etc) _____

List dates of past car accidents _____

What are wishing to achieve with these massages _____

What do you do for work _____

Posture assumed most of day _____

How well and/or regularly do you sleep? _____

If you currently have any of the following, please circle:

- | | | | |
|----------------|----------------|-------------------|-------------------------|
| Headaches | Allergies | Back Problems | Open cuts/wounds |
| Migraines | Diabetes | Broken Bones | Blood Clots |
| Sinus Problems | Torn Cartilage | Varicose Veins | High/Low Blood Pressure |
| TMJ | Skin Diseases | Dislocated Joints | Communicable Disease |
| Insomnia | Kidney Disease | Asthma | Heart Problems |
| Seizures | Arthritis | Cancer | Other (list) _____ |

Recent surgeries – please list _____

YES NO

____ Are you wearing contacts?

____ Are you pregnant? If so, how far along? _____ Due date: _____

____ Do you have any contagious skin diseases? Describe: _____

____ Are you under the care of a physician or other health care professional?
If yes, for what _____

____ Are you taking medications? For what _____

____ Do you currently have a broken bone? Where? _____

____ Have you recently been hospitalized? Explain _____

____ Do you have a condition not mentioned? Explain _____

Rate your current life situation in terms of stress (1 - calm; 10 - highly stressed) _____

How is your general health: PHYSICAL - excellent good fair poor

EMOTIONAL - excellent good fair poor

During the massage, please be sure to tell your therapist if you are uncomfortable, if you are too warm or too cold, if the pressure is too hard or too soft, or any other concern you may have. It is our intention to provide you with the most comfortable, relaxing, and therapeutic massage possible – with your help! THANK YOU!!