

Ref. No. _____ **QUESTIONNAIRE FOR MASSAGE THERAPY**
MACKAY MASSAGE PARADISE

This form is to be completed prior to receiving massage at Mackay Massage Paradise

Contact Information (Please Print)

Title: Mr. / Mrs. / Ms. / Miss

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ (DD/MM/YYYY)

Health Fund: _____

Home Address: _____

Post Code: _____

Mobile Phone: _____ Home Phone: _____

Email: _____ Referred by: _____

- Have you ever had a professional massage before? Yes () No ()
- Do you have any difficulty lying on your front, back or side for at least 30 minutes?
Yes () No () If yes, please explain: _____
- Do you have sensitive skin? Yes () No ()
- Any known allergies and or sensitivities to topical applications?
Yes () No () If yes, please explain: _____
- Are you wearing any of the following?
contact lenses () dentures () a hearing aid ()
- Do you sit for long hours at a workstation, computer or driving?
Yes () No ()
- Do you perform any repetitive movement in your work, sports or Hobby?
Yes () No ()

Pertinent Medical Information

Do you have or have you had any of the following conditions?

High Blood Pressure	Stiff Neck	Recent Surgery	Whiplash
Low Blood Pressure	Fractures	Heart Condition	Insomnia
Recent Fever	Nervous Condition	Varicose Veins	Arthritis
Eating Disorders	Any Contagious Disease	Inflammation	Diabetes
Serious Accident	Epilepsy	HIV virus	Allergies
Headaches	Cancer	Skin Disorders	Pregnancy
Decreased ROM	Other		

Are you taking any medications? Yes () No ()

Do you participate in any of the following?

Walking/jogging	Running	Swimming
Aerobics/weight training	Bicycling	Other _____

When was your last massage? _____

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes () No ()

If yes, please identify: _____

POLICIES

Draping will be used during the session. Only the area being worked will be uncovered.

Massage increases circulation of lymph, blood and oxygen. It has been shown to greatly reduce stress, tension and pain. Massage can aid in better mood, increased energy and induce a more restful night's sleep. If you are seeking a massage for any other purpose such as a chronic pain condition, please list the conditions for which you wish to seek massage therapy: _____

I, _____ (print your name), understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that 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 mental or physical adjustments, diagnose, prescribe or treat any physical or mental illness. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there is no liability on the therapist's part should I fail to do so. In the event that I become injured either directly or indirectly as a result, in whole or in part of the aforesaid massage therapist I HEREBY HOLD HARMLESS AND INDEMNIFY the therapist and his/her principals from all claims and liability whatsoever.

Signature: _____

Date: _____

