

Dena Martinez Massage & Wellness

1098 Kinkead Ave, N. Tonawanda, NY 14120
DenaMartinezMassage.com

New Client Form

Name:

Date:

Address:

Phone:

Date of Birth:

Gender:

Emergency Contact

Phone:

Please answer the questions below.

How did you hear about us?

Have you received massage therapy or bodywork before? Yes No

Are you on any medication? Yes No If yes, which ones?

Do you exercise? Yes No If yes, How many times per week? How many hours?

What exercise / physical activities do you participate in?

Please mark any of the following conditions you currently have.

Cancer

Alcohol within 24hrs

Recent Surgery

Headaches / Migraines

Numbness

Open Wounds

Fibromyalgia

Heart Attack

Osteoporosis

Arthritis

Phlebitis

Neuropathy

Kidney Dysfunction

Bruises

Blood Clot

Stroke

High Blood Pressure

Fever within 24hrs

Diabetes

Varicose Veins

Wear Contacts

Recent Cold / Flu

Acute Pain

Sprain or Strain

Chronic Pain

Other, please specify:

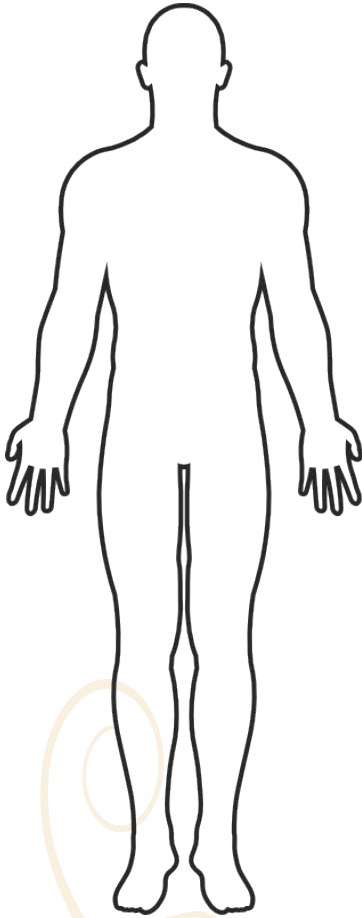
Are you currently pregnant? Yes No If yes, how many months?

List any high risk factors?

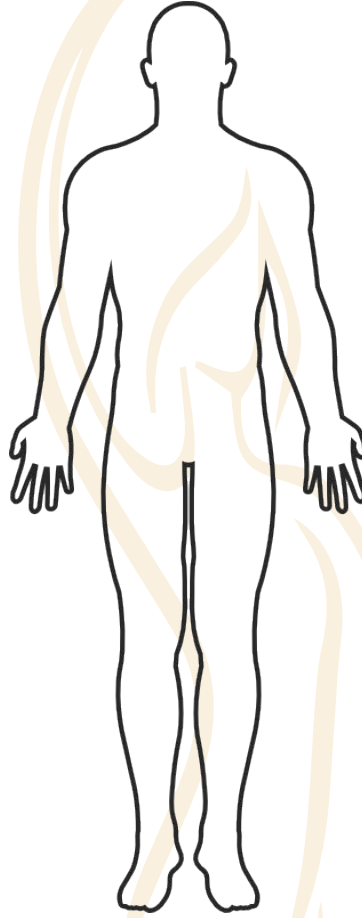
Do you have any allergies or sensitivities? Yes No If yes, please explain:

Please circle areas of discomfort:

FRONT



BACK



What areas would you like to focus on today?

What type of massage are you seeking today?

- Swedish / Relaxation
- Therapeutic/ Deep Tissue
- Medical Massage
- Prenatal Massage
- Reflexology
- Cupping
- Gua Sha
- Stretching
- Myofascial Release
- Lymphatic Drainage
- Himalayan Salt Stones

What pressure do you prefer?

- Light
- Medium
- Deep

Are there any areas you would NOT like massaged? (i.e. face, scalp, feet, etc.)

Yes No

If yes, please explain:

What are your goals for this treatment session?

I agree that the above information is accurate and to the best of my knowledge and give permission to be massaged today.

I agree to inform the therapist if I experience any pain or discomfort during the session.

I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation.

I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder.

The massage therapist does not prescribe medical treatment nor perform spinal manipulations. I will inform the therapist of my current condition at the time of each visit.

Signature

Date