

Massage Health Questionnaire

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell: _____ Work: _____
Email: _____ Occupation: _____
Date of Birth: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Have you had a massage before: _____ Yes _____ No
What kind of pressure do you prefer? Swedish (soft/light) _____ medium _____ firm _____ deep tissue _____

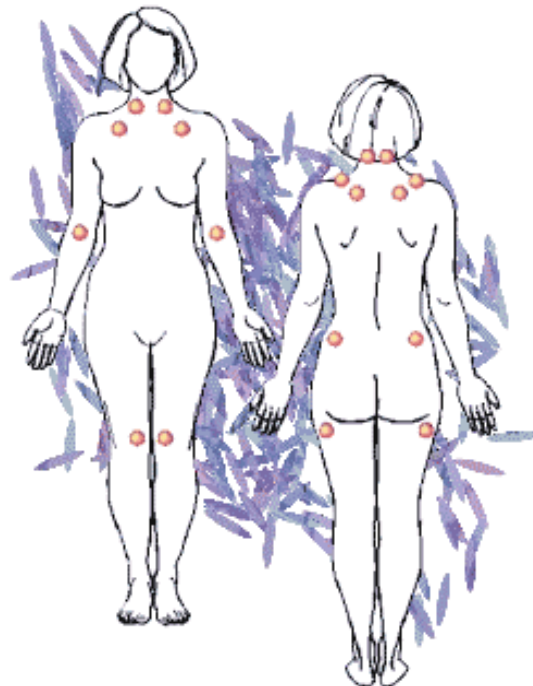
Medical History

Do you have any pre-existing conditions including past injuries, illnesses, surgeries etc...that could affect the outcome of today's session? Any injuries, surgeries or changes in medications in the last 6 months?

Please select all that apply to you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Chronic Sinus Condition | <input type="checkbox"/> Cervical Spine Problems | <input type="checkbox"/> AIDS |
| <input type="checkbox"/> Low/High Blood Pressure
(please circle)
Is in controlled? Y ___ N ___ | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Aortic Aneurism |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hernia | <input type="checkbox"/> Arteriosclerosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Open Wounds/Cuts | <input type="checkbox"/> Constipation/Diarrhea
(please circle) |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Intestinal/Digestive Condition | <input type="checkbox"/> Heart Condition/Stroke
(please circle) | <input type="checkbox"/> Menstruation |
| <input type="checkbox"/> Wrist problems/Ankle problems | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Allergies: |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Depression | <input type="checkbox"/> Pregnant (month): _____ |
| | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Trying to get pregnant? Y ___ N ___ |

Where are your problems areas? *Circle Any Areas*



Health IMPACT

Therapeutic Massage and Bodywork

Ashiatsu Oriental Bar Therapy



This is to express and explain that you are receiving a deep tissue technique, through the use of the *therapist's feet* performing AOBT. This allows the therapist to use broader surfaces to provide deeper compression without the "discomfort" that often is synonymous with deep tissue.

Although some clients ask for deeper compression, the compression should remain within the therapeutic level. This level is where you will feel the "hurts so good", and you are not fighting, clenching or wanting to draw away from the therapist. Often breathing into the discomfort will help alleviate it. Your comfort is my number one concern; keep me informed if the pressure is out of your comfort zone. Clients that are thick muscled and weight at least 100 pounds more than the weight of the therapist are well suited for the two-footed strokes taught in DeepFeet two.

Due to the serious nature of this technique, I would appreciate that you understand that should you experience pain, stiffness, soreness, skin irritations, marks, headaches, sinus congestion, bruises or any injury or condition, that you do not hold the Health Impact, LLC or Ashiatsu Oriental Bar Therapy liable. In addition, if you request for more compression on a higher level that that of a therapeutic range I am delivering, I will not be held responsible for aggravating a condition that might already be present.

What to expect - Use the Comfort Analogue Scale

0-2	Was that a butterfly that landed on me?	8	Hurt so good but would not want anymore
3-5	Starting to get yummy	9	Yikes...forget the tip
6-7	Absolutely delicious	10	Hit the road jack, I won't be coming back.

When receiving any type of deep work, you want to stay in the 7-8 ranges. That is what we mean by the "therapeutic" range.

Ashiatsu Oriental Bar Therapy (AOBT) **should not** be performed on the following:

- If you are pregnant or trying to get pregnant
- If you have had breast implants for less than 9 months
- Recent Eye Surgery / Lasik within 72 hours
- Acute Inflammatory Conditions: eg. Acute phlebitis, cellulitis, lupus, gout or rheumatoid arthritis
- Uncontrolled high blood pressure, heart conditions, pacemaker, stent or shunt
- Osteoporosis in advance stages
- Any disorder that causes loss of feeling or weakness
- Tuberculosis, thrombosis, aneurysm, kidney disorder, recent bowel or hernia surgery
- Any recent injuries, surgeries, open wounds, rashes, cancer or anything unusual in nature.

I understand that massage includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will notify my body-worker.

It is strongly advised that you seek the counsel of your physician before hand. Massage is not a substitute for medical attention, examination, diagnosis or treatment. Massage is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to receive massage. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against **Health Impact/ Mary Helen C. Thorne** and any of its independent contractors. By providing your email and postal address, you are authorizing permission for **Health Impact** to send you notices and updates regarding our offerings.

Signature: _____
Parent/Guardian Signature: _____
Date: _____

