



## New Client Questionnaire: Therapeutic & Hot Stone Massage

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Have you ever had a professional massage:** YES NO

**Do you have any difficulties lying on your front, back, or side?** YES NO

Explain difficulties, if any: \_\_\_\_\_

**Please list allergies/sensitivities, if any:** \_\_\_\_\_

**Is there a specific area of the body where you are experiencing tension, stiffness, pain, or discomfort?** YES NO

Please identify, if any: \_\_\_\_\_

**What was your favorite or least favorite aspect of your last massage?** \_\_\_\_\_

**Do you have any recent illness, injury, surgery, or ongoing health issues?** YES NO

Please explain, if any: \_\_\_\_\_

**Are you pregnant\*:** YES NO

\*If pregnant, please answer the following questions:

How far along are you? \_\_\_\_\_ Are you experiencing any complications: YES NO

**What are your expectations for your massage today?** (eg: relaxation, tension relief, etc...)

I 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 my session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. Furthermore, I understand that massage therapists are not qualified to diagnose, adjust, prescribe, or treat any disease or illness; and, that a massage should not be used as a replacement for medical treatment. The massage I receive is voluntary and I release DNK Skin and/or Massage Therapist from liability and assume full responsibility thereof.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date