Personal History

Please complete the following confidential questionnaire

NAME: **Date of Birth:**

ADDRESS:

Zip:

City / Town:

TELEPHONE: h ( ) c ( )

OCCUPATION:

Have you ever had a body work (massage or other) before?
Yes / No

If "yes" how was it? Did not like 1 2 3 4 5 Fantastic

How did you hear about BodyOasis?

Exercise (daily / weekly / occasionally) Type of activity:

Water (more than /about / less than) 8 glasses of water each day

Sleeping (is / is not) a problem for me

Habits: would like to do less:

would like to do more:

PREVIOUS INJURIES / SURGERY / HOSPITALIZATION)*:

MEDICAL CONDITIONS *: please circle any medical conditions and explain below

Allergies	Skin Problem	Headaches	Numbness
Inflammation	Infectious disease	Fever	High Blood Pressure
Arteriosclerosis	Diabetes	Cardiac Problems	Cancer
Are you pregnant?	Bone Problems	Varicose veins	Other

MEDICATIONS *: please list any current medication and its purpose

BodyOASIS

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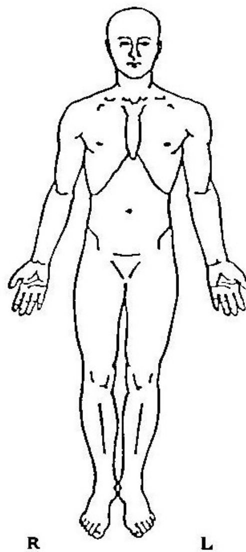
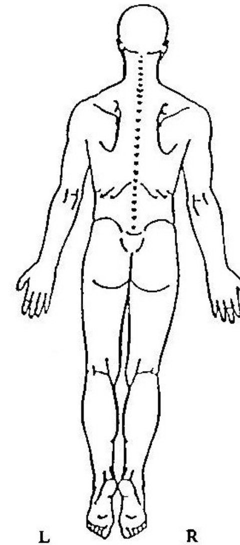
Please use these drawings to indicate areas of discomfort.





- ! Sessions begin at your appointment time.
- ! There is a charge for appointments cancelled with less than 24 hours notice.
- ! The content of each session are determined by your needs and does not affect the pricing.

Sessions include any or all of the following:

Assessment & Treatment Planning	Visceral manipulation
Reviewing Client Goals	Deep tissue or Myofascial work
Relaxation techniques	Therapeutic Massage
Structural Integration	Movement and/or stretching
Cranial Sacral Therapy	Zero Balancing

*** Please note:**

I understand that the massage therapy I am given is for the purpose of stress reduction, relief from muscular tension or spasm, and/or for improving circulation.

I understand that a massage therapist neither diagnoses illness, disease, or any other medical, physical or mental disorders, nor performs any spinal manipulations.

I am responsible for consulting a qualified physician for any medical condition that I have or am concerned about.

I have read the policies stated on this form and by signing, agree to abide by them while a client of this office.

Signature:______________________________ Date:______________