REAL ENERGY & BODY WORKS, LLC

Professional Massage Therapy

Name:_____

Address:_____ City/State: _____ Zip:_____

Home Phone (____)_____ Work (____)_____ Cellular(____)_____

Email Address:_____

Would you like to receive our newsletter "Energetically Speaking" ___Y___N

Date of Birth: ____/ ____/ _____Age: _____Sex: __M__F Occupation:_____

How did you learn about this us?: _____

If referred, please list the name of the person who referred you: _____

In Case of Emergency

Contact: _____ Phone: (____) _____ Relationship: _____

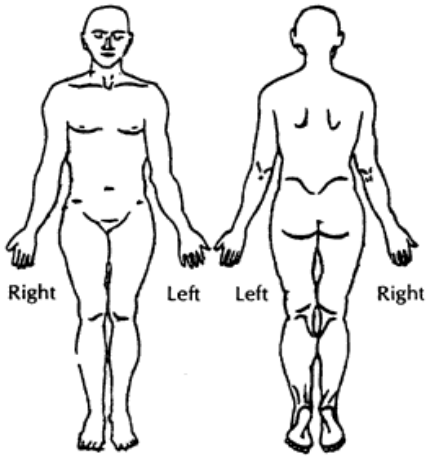
Please mark any current conditions, symptoms or complaints.

☐ Acute Pain	☐ Fatigue/Insomnia	☐ Numbness/Tingling
☐ Arthritis	☐ Fibromyalgia	☐ Pinched Nerve
☐ Asthma	☐ Grinding/Popping	☐ Pregnancy:
☐ Autoimmune Disorder	☐ Hay Fever	Due Date_____
☐ Athlete's Foot	☐ Headaches	☐ Stroke
☐ Back and Neck Pain	☐ Head Injury	☐ Skin Condition/Rash
☐ Cancer	☐ Heart Condition	☐ Tendonitis
☐ Carpal Tunnel	☐ Herniated Disk	☐ Thrombosis/Blood Clots
☐ Chemical Dependency	☐ High/Low Blood Pressure	☐ TMJ/Jaw Pain
☐ Depression	☐ Loss of Range of Motion	☐ Varicose Veins
☐ Diabetes	☐ Muscle Cramps/Spasms	☐ Whiplash
☐ Dizziness	☐ Muscle Soreness/Stiffness	Other:_____

What is your reason for requesting a massage?: (Please circle or mark any problem areas here)

_____

_____



Have you had a massage in the past? _____

If so, when was your last massage?_____

Please list any current Medications: _____

_____

_____

Please list any surgeries you have had: _____

_____

_____

I certify that I have read, filled out, and fully understand this document. I have answered all questions to the best of my ability. I understand that the therapist cannot diagnose any medical conditions. I understand that payment is due at the time of service. I understand that any suggestive behavior, verbal or otherwise, will result in immediate termination of the session.

Signature: _____ Date: _____