Flow State Massage
Avery M. Roland, LMBT #17210

Name: _____ DOB:_____
Contact Info:
Address: _____
Email:_____ Phone number:_____
Texting or calling preferred:_____
Emergency contact number:_____Name:_____
Relation:_____
Background Information:

Occupation (What do you do?)_____

Do you stay active(mentally or physically) with any sports or

hobbies?_____

Have you ever received a professional massage before?_____

If so, how recently?_____

Do you experience any major stressors in your day to day

life?_____

Do you have any particular places of tension or pain you would like to address with this

massage session?_____

What, to you, makes a great massage?_____

_____

Do you have any allergies/sensitivities (even mild)? _____

_____

For women: When was your last menstrual cycle? _____

Are you pregnant, or potentially pregnant?_____ If so, how far along?_____

Do you have a current medical provider? _____

Are you currently taking any medication, prescribed or over the counter?

_____

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Are you taking any vitamins or herbal supplements?_____

Have you had any recent accidents or injuries?

_____

Have you recently had any surgeries?

_____

Have you been experiencing any of the following?

( ) headaches/migraines	( ) heart conditions	( ) any type of infection
( ) fatigue	( ) deep vein thrombosis/blood clots	( ) TMJ disorder
( ) nausea/Vomiting	( ) varicose veins	( ) carpal tunnel syndrome
( ) bruising easily	( ) back or neck problems	( ) tennis elbow
( ) epilepsy or seizures	( ) artificial joint	( ) frozen shoulder/adhesive capsulitis
( ) fever or chills	( ) rheumatoid arthritis or osteoarthritis	( ) diabetes
( ) high or low blood pressure		

Is there anything else that you would like for me to know about your medical/health history or

current mental health state? Please elaborate:_____

_____

I (print name) _____ understand that massage is for the basic purpose of stress relief, relaxation, and relief of muscular tension and strain. If I experience any pain or discomfort during this session, I will inform Avery so that she may adjust her methods of approach. I further understand that this session is not a valid substitute for a medical evaluation, and that I should see a qualified physician/health practitioner for any ailment, physical or mental, that I am aware of. Because massage should not be performed under certain medical conditions, I have fully listed any conditions I am experiencing/have experienced. I agree to keep Avery updated on any changes in my health status. I understand that as a client I am allowed to stop the appointment if I am uncomfortable at any time. I also understand that any illicit or sexually suggestive remarks or intentions made before or during the massage will result in immediate termination of the massage, and that I will be held liable for full payment of the appointment, and denied any further treatment.

Client Signature:_____ Date: _____

Practitioner Signature:_____