Optimal Wellness Solutions

2489 Rice Street, Suite 130
Roseville, MN 55113
651-340-1233

MASSAGE FORM – STRICTLY CONFIDENTIAL

Name _____ Birth Date _____

Street Address _____ City _____

State _____ ZIP _____ Email _____

Phone _____ Phone _____

Emergency Contact _____ Phone _____

Occupation _____ Work Activities _____

Have you had a massage before: yes/no? If yes, how often? _____

Do you prefer light or deep massage? _____

What areas would you like focused on: _____

Are you under the care of a physician or health care practitioner? If yes, for what condition? _____

_____

Are you pregnant? yes/no Due Date _____

Are you breastfeeding? yes/no Any problems? yes/no

List any medications you are taking: _____

How did you hear about us? _____

Check any and all of the following conditions that apply:

_____ Injuries	_____ Headaches	_____ Back Pain	_____ Blood Clots
_____ Low Blood Pressure	_____ Tobacco Use	_____ Contact Wearer	_____ Stroke
_____ High Blood Pressure	_____ Arthritis	_____ Varicose Veins	_____ Lordosis
_____ Diabetes	_____ Jaw Pain/Grinding	_____ Sinus Problems	_____ Scoliosis
_____ STD	_____ Tendonitis	_____ Cancer/Tumors	_____ Other

Numbness/Tingling _____ Seasonal/Aroma (scent) allergies _____

Skin problems _____ Heart condidtions _____

Surgeries _____ Dates _____

Car accidents _____ Dates _____

This massage service is non-sexual and intended for therapeutic purposes only.

I the undersigned, understand the massage services are designed to be a health aid and do not take the place of a doctor's care when it is indicated. Information exchanged during any massage session is confidential and any recommendations given are intended to be educational in nature and to help you become more familiar and conscious of your own health status to be used at your own discretion.

Cancellation Policy: a 24-hour notice is expected for any cancellations or changes of an appointment to give us an opportunity to call someone on a waiting list. After two improper notifications, future services will require a nonrefundable prepayment and a credit card number on file.

Signature _____ Date _____