

SEATED MASSAGE SCREENING FORM

The massage you are about to receive is not appropriate for everyone. Please read the following information carefully and answer the questions before your massage. Your practitioner will discuss this information with you.

Have you ever had a massage before? Yes No

Are you under a doctor's care? Taking medications? Yes No

Do you have a pre-existing back condition? Yes No

Are you currently ill or are getting over an illness? Yes No

Do you have a history of dizziness or fainting? Yes No

Are you pregnant? Yes No

When was the last time you ate? _____

Are there any areas that you would not like to be massaged?

Please check if you have any of the following conditions:

Blood clots/phlebitis Cardiac conditions
Recent joint surgery Spinal conditions (osteoporosis)

Other conditions? _____

This massage should feel comfortable. Please let the practitioner know if it is not. Be sure that the pressure is appropriate. Breathe normally.

For liability purposes, please fill out the following information:

Name _____ Phone _____

Address _____

City, State, zip _____

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