



Danielle Lee - Licensed Massage Therapist #12704

2035 SE Belmont St. Portland, OR. 97214 PH (503) 234-0119

CONFIDENTIAL INFORMATION

Please Print Using Ink Pen

First Name _____ Middle _____ Last Name _____

Date of Birth _____

Address _____

Occupation _____

Referred to this clinic by _____

Phone(s) _____

Email _____

Emergency Contact (not living with you)

Name _____

Relationship _____

Phone Number _____

PLEASE CHECK ANY OF THE FOLLOWING CONDITIONS YOU CURRENTLY HAVE:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Circulation Problem | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Open cuts or Sores |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Concussion | <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Dizziness | <input type="checkbox"/> AIDS | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emphysema | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Skin Disorder |
| <input type="checkbox"/> Athletes Foot | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Mastectomy | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Headaches | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Cosmetic Surgery (including breast implant) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Neuritis/Neuralgia | |

Do you have any other medical/physical problems not on this list? _____

Are you pregnant? _____

Any recent illnesses, accidents, surgeries or injuries? _____

Do you have any particular areas of discomfort or stress in your body? _____

Have you ever had a therapeutic massage before? _____

What are your expectations for your massage today:

Pain relief _____ Relaxation _____ Increase range of motion _____ Injury treatment _____ Stress reduction _____

A 24 HOUR NOTICE IS REQUIRED FOR CANCELLATIONS. IF YOU DO NOT GIVE 24 HOUR NOTICE, YOU WILL BE CHARGED THE FULL PRICE FOR THE MASSAGE.

SIGNATURE

TODAY'S DATE