1 Elm Street, second floor. Keene, NH.

603-355-9935 • www.seasonofhealing.com

Name_______________________________Email_______________________________
Address________________________________________________________________
City____________________State____________________Zip____________________
Date of Birth ____________________Occupation_____________________________
Emergency Contact:______________________________________________________
Phone: Evening________________Day________________Other________________

Have you ever had a massage before?

Any difficulty lying either on your front or your back?

Are there any areas you would like extra time spent?

What are your goals for your massage today?

## Please check which of the following apply to you:

__Pregnant
__Diabetes
__Headaches____________________
__Recent Surgeries
__Back Injuries
__Neck Injuries
__Blood Pressure (low/high)
__Heart Conditions_______________
__Arthritis - Location ______________
__Stress

__Skin concerns
__Numbness, tingling or other nerve problems
__Allergies to oils, nuts or fragrances
________________________________________
__Any other physical or emotional difficulties
________________________________________
__Medications____________________________
________________________________________
________________________________________

## Please Keep in Mind

- Information shared during your massage session is confidential and educational in nature. It is intended to help you become more familiar and conscious of your own health status and is to be used at your own discretion.
- If at any point during the massage, any type of sexual connotation is even implied, your massage will be terminated and the therapist/client relationship will be severed permanently.
- Do I have your permission to contact your physician if the need arises?___

Name of Physician:__________________________Phone:______________

**PLEASE GIVE 24 HRS NOTICE FOR CANCELLED APPTS**
**YOU MAY BE CHARGED FOR YOUR MISSED APPT WITHOUT 24 HRS NOTICE**

Signature:____________________________________Date:______________