

# Welcome to Renaissance!

Please complete this form to the best of your knowledge. The information you provide will be completely confidential and it will help us provide you with the most healthful and relaxing massage possible. Thank you for your time on this.

Your Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Your Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Your Phone Numbers: \_\_\_\_\_

Your Email Address (if this is a good way to contact you): \_\_\_\_\_

Your General Health Condition \_\_\_\_\_

Have you had any serious or chronic illness, operations, chronic viral infections or traumatic accidents? If so, please describe briefly.... \_\_\_\_\_  
\_\_\_\_\_

Are you on any medications? What types? \_\_\_\_\_  
\_\_\_\_\_

Are you wearing contact lenses? \_\_\_\_\_ *If so, it is best to take them out for the massage.*

Have you had a massage before? \_\_\_\_\_ If so, what was the best thing about it? \_\_\_\_\_  
\_\_\_\_\_

What did you like least about it? \_\_\_\_\_

What do you hope to experience or gain today from your massage? \_\_\_\_\_  
\_\_\_\_\_

Do you have any especially sensitive areas? If so, please list them.... \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, who should we call?

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

There's more. Please turn over → → → → →

Please read the following list of conditions and where appropriate write a "P" if it is a PAST condition or a "C" if it is a CURRENT condition for you.

- |                            |                                    |
|----------------------------|------------------------------------|
| _____ AIDS/HIV             | _____ Insomnia                     |
| _____ Allergies            | _____ Low Blood Pressure           |
| _____ Anemia               | _____ Migraines                    |
| _____ Anxiety              | _____ Multiple Sclerosis           |
| _____ Arthritis            | _____ Muscle Spasms                |
| _____ Back Pain            | _____ Numbness                     |
| _____ Broken Bones         | _____ Osteoporosis                 |
| _____ Bursitis             | _____ Phlebitis                    |
| _____ Cancer               | _____ Psoriasis                    |
| _____ Chronic Fatigue      | _____ Rashes                       |
| _____ Circulation Problems | _____ Raynaud's Phenomenon         |
| _____ Colitis              | _____ Ringworm                     |
| _____ Depression           | _____ Stroke                       |
| _____ Diabetes             | _____ Swollen Feet/Legs            |
| _____ Digestive Problems   | _____ Tendonitis                   |
| _____ Disc Problems        | _____ Thrombosis                   |
| _____ Diverticulitis       | _____ Tingling                     |
| _____ Fever                | _____ Tumors                       |
| _____ Fibromyalgia         | _____ Varicose Veins               |
| _____ Flu or Cold          | _____ Warts                        |
| _____ Headaches            | _____ Whiplash                     |
| _____ Head Lice            | <b>For Women Only:</b>             |
| _____ Hepatitis            | _____ Excessive Menstrual Bleeding |
| _____ Herpes Virus         | _____ Lack of Periods              |
| _____ High Blood Pressure  | _____ Menstrual Cramps             |
| _____ Infection            | _____ Pregnancy                    |
| _____ Inflammation         | _____ Premenstrual Syndrome (PMS)  |

Do you have any other health conditions not listed above? \_\_\_\_\_ If so, please list them \_\_\_\_\_

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Please read and sign the following...

I have completed this information to the best of my knowledge. I understand that massage services are designed to be a health aid and are generally not to take the place of a doctor's care when it is indicated. I intend to thoroughly enjoy the massage that awaits...

Client's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_