Jae Alberi, LMT
Lic. #19114

Silver Rain
MASSAGE

Name: _____ Date: _____ Referred By: _____

Address: _____ Phone: _____

City/State/Zip _____ E-Mail: _____

Birthdate (Month/Day/Year) _____ Occupation: _____

MASSAGE HISTORY/TREATMENT INFORMATION

Have you ever received a professional massage? _____ If yes, how often? _____

What results do you want from your massage sessions? _____

Please list daily activities (exercise/work/stressors) _____

Please list any preferences to scents/essential oils _____ Music Requests? _____

Are you currently seeing a medical practitioner? Please explain if yes. _____ Yes _____ No

_____

List current medications, including aspirin, cortisone shots, etc. _____

HEALTH HISTORY (Include year and treatment received)

Surgeries: _____

Accidents/Injuries: _____

Please check any of these conditions that you have now, or that are relevent from the past

- ☐ Allergies
- ☐ Asthma
- ☐ Arthritis
- ☐ Blood Pressure High/Low
- ☐ Cancer/Tumor
- ☐ Contagious Disease
- ☐ Diabetes
- ☐ Fibromyalgia
- ☐ Headaches
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ IBS
- ☐ TMJD
- ☐ Numbness/ Tingling
- ☐ Osteoporosis
- ☐ Sciatica
- ☐ Skin Conditions (Psoriasis, Fungus, etc)
- ☐ Seizures
- ☐ Stroke
- ☐ Varicose Veins
- ☐ Victim of Abuse
- ☐ OTHER:

Please elaborate on any conditions marked above: _____

_____

☐ *(Initial Boxes)*

It is my choice to receive massage therapy. I understand that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel like my well-being is being compromised. I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

☐

I understand the cancellation policy and agree to the terms regarding late arrivals, and requirement of a 24-hour notice in order to avoid payment. I can view this on the website and/or request a hard copy.

SIGNATURE: _____ DATE: _____