

Massage Therapy Questionnaire

5191 S. Yosemite St., Suite B, Greenwood Village, CO 80111

This questionnaire is in addition to the initial intake form (which must have been completed within the last two years).

Patient Contact Information

Name: _____ Date: _____

DOB _____ Age: _____ Male Female If minor, name of parent: _____

Cell #(_____) _____

Are you Pregnant? Yes No If yes, how many months? _____

Are you here because of an injury? No Yes, please explain: _____

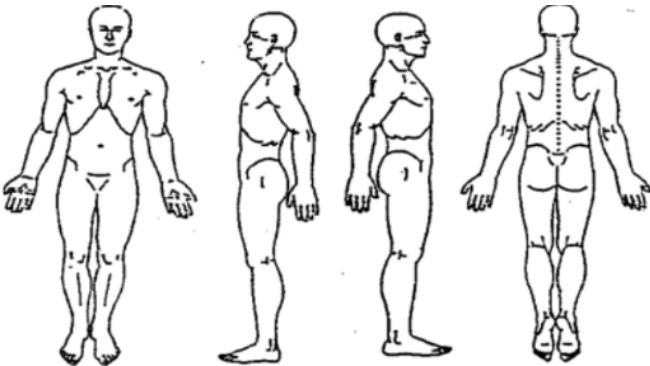
Primary Purpose of your massage today: _____

List any herbal supplements, vitamins and medications: _____

Do you have any questions, concerns or special needs? _____

Please check areas of pain or discomfort

Description of pain or discomfort



Medical History check any condition that you have, had, or were a significant part of your medical past).

Cardiovascular

- Blood clots
- Chest Pain
- Fainting
- Difficulty Breathing
- Heart Palpitations
- High Blood Pressure
- Low Blood Pressure
- Irregular Heart Beat
- Phlebitis
- Tachycardia
- Other: _____

- Neck/Shoulder Pain
- Muscle Pain
- Joint Pain
- Rib Pain
- Limited ROM
- Limited Use
- Upper Back Pain
- Lower Back Pain
- Other: _____

- Appendicitis
- Asthma
- Birth Trauma (your own)
- Cancer
- Chicken Pox
- Diabetes
- Emphysema
- Epilepsy
- Goiter
- Gout
- Heart Disease
- Hepatitis
- Herpes

- Venereal Disease
- Seizures
- Multiple Sclerosis
- Measles
- Mumps
- Pacemaker
- Pleurisy
- Pneumonia
- Polio
- Rheumatic Fever
- Scarlet Fever
- Stroke
- Thyroid Disorder
- Tuberculosis
- Typhoid Fever

Musculoskeletal

- AIDS/HIV
- Alcoholism
- Allergies
- Whooping Cough

- Ulcers



Ashiatsu Barefoot Therapy Questionnaire and Consent

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Some of our licensed massage therapists at Integrative Health Inc. are also Ashiatsu Barefoot Massage Therapists or Ashiatsu Oriental Bar Therapy (AOBT) Therapists. If they find that you would benefit from the treatment, they may choose to give you a small sample of this deep, luxurious treatment during your regularly scheduled massage.

You may refuse if you do not consent to this small treatment sample.

If you consent to a sample treatment of Ashiatsu, circle any of the contraindications below and then sign below.

Contraindications

- Pregnancy or trying to get pregnant
- Breast implants within nine months
- Specific back conditions (Spondylolisthesis, Protrusion, Extrusion or Ruptured disc)
- Poils, skin lesions or abscesses
- Recent eye procedures / Lasik surgery within 72 hours
- Tuberculosis, thrombosis, aneurysm, kidney disorders, irritable bowel syndrome, recent bowel or hernia surgery
- Any acute inflammatory conditions such as active phlebitis / cellulites
- Persons on Coumadin, Lovenox, Heparin, or heavy aspirin use could bruise and clots are possible
- High blood pressure or heart condition, pacemaker, stint or shunt
- Rib fracture, osteoporosis
- Any recent (acute) injuries or surgeries

Your Printed Name

Signature

Date