

Date: _____

amber times massage, LLC

Confidential Therapeutic Massage & Bodywork Questionnaire

Name: _____

Address/City/State/Zip: _____

Phone: _____ E-mail: _____

Emergency Contact Name and Phone: _____

Would you like to be on my e-mail list? yes / no

How did you hear about my services?

How are feeling today?

What would you like from your massage today? Any areas to focus on or avoid?

Have you received massage therapy before? If so, when was your last massage and what was the purpose of your previous massage therapy?

Do you have any health issues I should know about? Please list below or tell me before the massage begins.

Do you have any other questions or preferences regarding the therapist or the massage session?

I understand that I will receive massage and bodywork for the purpose of maintaining good health and physical condition and will not receive diagnosis from the therapist. I further understand that this is not a sexual service. I have been informed by the therapist of the draping requirements of the Oregon Board of Massage Therapists and I agree to maintain the draping provided throughout the session. I have informed the therapist of pertinent health issues and agree to inform the therapist of any changes in my health condition. I further release the therapist of any liability if I have not informed the therapist of health issues that may be impacted by a massage. I understand that I may withdraw my consent for massage at any time before or during the session and that either I or the therapist may stop the session at any time for any reason including actions or words deemed inappropriate by either party.

Client signature: _____ Date: _____