

**The Oasis in Manassas**  
Therapeutic Massage in a Relaxing Atmosphere

**CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Appointment Notification/Confirmation: SMS e-mail both

Other Phone \_\_\_\_\_ Referred by: \_\_\_\_\_ Found us on: Google Yelp Facebook Other: \_\_\_\_\_

E-mail: \_\_\_\_\_ Receive updates from MMS, LLC: Y N

Occupation: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is this your first professional massage? \_\_\_\_\_ If no, how frequently do you get a massage? \_\_\_\_\_

What do you hope to accomplish from today's massage? \_\_\_\_\_

Are there any tension holding spots in your body or have areas you'd like to focus on? Y N If yes, location(s) \_\_\_\_\_

Please list any sports or regular exercise activities you participate in? \_\_\_\_\_

Do you have any allergies? Y N If yes, please explain \_\_\_\_\_

Is the use Essential Oils for Aromatherapy okay during your session? Y N

Describe any surgeries, hospitalizations, accidents or injuries you have had:

Less than 5 years ago: \_\_\_\_\_

More than 5 years ago: \_\_\_\_\_

Do you have any chronic, ongoing pain that you deal with on a regular basis, other than listed above? \_\_\_\_\_

Please explain: \_\_\_\_\_

Are you currently receiving any other type of medical treatment? \_\_\_\_\_ Please explain: \_\_\_\_\_

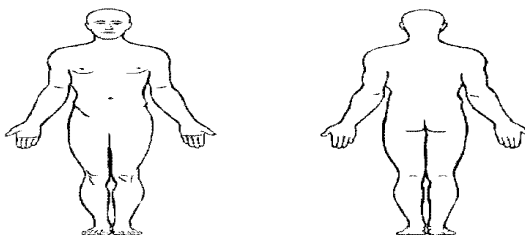
Please list any medication (vitamins, herbs or pharmaceutical) taken now or at regular intervals (include explanation of what medication is used to treat): \_\_\_\_\_

Are there any other health concerns you wish to discuss today? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

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Please indicate where you experience pain on the drawing below



Are you currently experiencing any of the following conditions?

Flu or Cold: Y N Inflammation Y N Fever: Y N Infection: Y N Contagious Disease: Y N

*Please check any of the following conditions below that currently affect you or that you have experienced in the last 5 years.*

### MUSCULOSKELETAL

- Fibromyalgia
- Spasms/Cramps
- Sprains/Strains
- Osteoporosis
- Postural Deviations
- Gout
- Osteoarthritis/Rheumatoid Arthritis
- TMJ
- Cysts
- Bursitis
- Plantar Fasciitis
- Tendonitis
- Torticollis
- Whiplash Syndrome
- Carpal Tunnel Syndrome
- Sciatica
- Thoracic Outlet Syndrome
- Headache
- Leg Pain
- Arm Pain/Shoulder Pain
- Low Back Pain
- Middle Back Pain
- Hip Pain
- Other \_\_\_\_\_

### RESPIRATORY

- Pneumonia
- Sinusitis
- Asthma
- Trouble Breathing
- Dizziness
- Other \_\_\_\_\_

### CIRCULATORY

- Anemia
- Hemophilia
- Hypertension
- Low Blood Pressure
- Raynaud's Disease
- Varicose Veins
- Heart Condition
- Blood Clots/Phlebitis
- Diabetes
- Other \_\_\_\_\_

### DIGESTIVE

- Ulcers
- Irritable Bowel Syndrome
- Colitis
- Gallstones
- Hepatitis
- Crohn's Disease
- Diarrhea
- Gas/Bloating
- Indigestion
- Other \_\_\_\_\_

### SKIN

- Fungal Infection
- Acne
- Impetigo
- Dermatitis/Eczema
- Psoriasis
- Open Wound or Sore
- Rashes
- Warts/Moles
- Athletes Foot

### NERVOUS SYSTEM

- ALS
- Multiple Sclerosis
- Parkinson's Disease
- Bell's Palsy
- Neuritis
- Spinal Cord Injury
- Stroke
- Trigeminal Neuralgia
- Seizure Disorders
- Numbness/Tingling/Twitching
- Other \_\_\_\_\_

### OTHER

- Insomnia
- Anxiety/Panic Attacks
- PMS
- Grief Process
- Cancer
- Substance Abuse
- Pregnancy; wks: \_\_\_\_\_
- Chronic Fatigue
- HIV/AIDS
- Lupus
- Kidney Disease
- Bladder Infection
- Postoperative Situation
- Edema
- PTSD
- Sexual Assault
- Other \_\_\_\_\_

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose, treat, prevent or cure disease. I further understand that massage therapy is not a substitute for medical attention or examination. By my signature, I consent to receive massage therapy and/or bodywork treatment. I take responsibility for alerting my practitioner to any physical, mental, or emotional changes that occur during my massage or at any time in the future. I release the massage/bodywork therapist, The Oasis in Manassas, and Windy Hills LLC of any and all liability for any harm that may unintentionally occur during my treatment(s). I also understand that cancelled or missed appointments without 24 hours' notice will be charged in full for the price of the missed session. The Oasis in Manassas requires that a credit card or other accepted form of payment be kept on file to cover missed appointments.

Print Name: \_\_\_\_\_ Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_