



New Client Questionnaire: Therapeutic & Hot Stone Massage

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Referred by: _____

Have you ever had a professional massage: YES NO

Do you have any difficulties lying on your front, back, or side? YES NO

Explain difficulties, if any: _____

Please list allergies/sensitivities, if any: _____

Is there a specific area of the body where you are experiencing tension, stiffness, pain, or discomfort? YES NO

Please identify, if any: _____

What was your favorite or least favorite aspect of your last massage? _____

Do you have any recent illness, injury, surgery, or ongoing health issues? YES NO

Please explain, if any: _____

Are you pregnant? YES NO

*If pregnant, please answer the following questions:

How far along are you? _____ Are you experiencing any complications? YES NO

What are your expectations for your massage today? (eg: relaxation, tension relief, etc...)

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. Furthermore, I understand that massage therapists are not qualified to diagnose, adjust, prescribe, or treat any disease or illness; and, that a massage should not be used as a replacement for medical treatment. The massage I receive is voluntary and I release DNK Skin and/or Massage Therapist from liability and assume full responsibility thereof.

Client Signature _____ Date _____