Sharlene Gin
Licensed Massage Therapist
Reiki Practitioner

Name _____ Cell ( ) -

Address _____ Home ( ) -

_____ Email Address _____

Occupation _____

Age _____ Emergency Contact _____

Emergency Phone ( ) -

Referred by _____

Your stress level: Low Medium High

Is this your first professional massage? Yes No

Reason for seeking massage/Reiki:

Are you presently under a doctor or therapist's care, for what condition(s)?

Areas of your body where you would like special attention, where you hold tension:

Areas of your body you would like me to avoid:

Are you currently taking any medication(s), any side effects?

Have you had any serious injuries or operations, when and what kind?

If you exercise, what activity and how often?

Are you pregnant? If so, how far along is your pregnancy?

Please mark any of the following conditions you **(C)** currently have or have experienced in the **(P)** past:

Integumentary
Boils
Eczema
Fungal Infections
Herpes Simplex
Psoriasis
Skin Cancer
Warts

Musculoskeletal
Carpal Tunnel Syndrome
Cramping, Spasms, Soreness
Fibromyalgia
Osteoarthritis
Osteopenia/Osteoporosis
Rheumatoid Arthritis
Scoliosis
Strains/Sprains/Tendinitis
Thoracic Outlet Syndrome
TMJ Dysfunction

Nervous
Headaches
Multiple Sclerosis
Peripheral Neuropathy
Post Polio Syndrome
Reduced Sensation
Seizure Disorders
Stroke

Circulatory
Anemia
Clotting Disorders
Diabetes
Heart Disease
High/Low Blood Pressure
Thrombophlebitis
Varicose Veins

Lymph and Immune
Chronic Fatigue Syndrome
Edema
HIV, AIDS
Hodgkin's Disease
Lupus
Lymph Node Removal
Lymphoma

Digestive
Cirrhosis
Diverticulosis
Gallstones
Hepatitis
Irritable Bowel Syndrome
Ulcerative Colitis
Ulcers

Respiratory
Asthma
Emphysema
Sinusitis
Tuberculosis

Urinary
Kidney Stones

Reproductive
Breast Cancer
Cervical Cancer
Endometriosis
Ovarian Cysts
Prostate Cancer

Other
Alcoholism/Substance Abuse
Hypo/Hyperthyroidism
Insomnia

Do you currently have any skin rashes/fungal infections/warts or other skin conditions I should avoid?

_____

Cancer, other than specified above:

_____

Any other health condition(s), not mentioned above:

_____

I understand that massage therapy/Reiki is not intended, in any way, to take the place of a medical doctor's care when indicated. I recognize that our time together is valuable and agree to cancel at least 24 hours in advance. Unless there is an emergency, I agree to pay the full appointment fee for a missed session.

Signature _____ **Date** _____

Parent's/Guardian's signature/consent if recipient is under the age of 18:

Signature _____ **Date** _____