



BODYWORK & MASSAGE

**Confidential Client Profile**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Email address \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Occupation \_\_\_\_\_

Referred by \_\_\_\_\_

Have you received massage before? \_\_\_\_\_ How frequently do you receive massage? \_\_\_\_\_

What do you expect from this treatment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any areas to focus on in particular? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had any bad falls, broken bones, or other major traumas? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had any hospitalizations, surgeries, or major illnesses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you exercise or have any physical activities outside of work? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_