



Paradiso  
Bodywork & Massage

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Is this your first massage? Yes \_\_\_ No \_\_\_ How did you hear about us? \_\_\_\_\_

Reason for coming in today? \_\_\_\_\_

Allergies to oils or fragrances? (please specify) \_\_\_\_\_

Health Concerns (Please check all that apply and describe).

Arthritis (type and location) \_\_\_\_\_

Bone Fractures (please specify) \_\_\_\_\_

Bruise Easily \_\_\_\_\_

Cancer or under chemotherapy \_\_\_\_\_

Chronic Pain \_\_\_\_\_

Head or neck trauma \_\_\_\_\_

Recent Surgery \_\_\_\_\_

Herniated Disks \_\_\_\_\_

Pregnant? If so how many weeks? \_\_\_\_\_

Skin Conditions/Lesions/Plantar Warts? \_\_\_\_\_

Do you have any other medical conditions or injuries not listed? \_\_\_\_\_

Do you prefer text or email for appointment reminders? Text\_\_\_ Email\_\_\_

Acknowledgement:

I acknowledge that I am at least 18 years of age and that the treatments provided at Paradiso Bodywork & Massage are not intended as a diagnosis and do not replace medical treatment. I further acknowledge that the information provided in this form is true, accurate, complete and certain treatments may be refused to me on the basis of the information provided herein.

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

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