

Date of Birth

Month Day Year

Name

First Name Last Name

Email

example@example.com

Phone Number

Area Code Phone Number

Please customize your massage session by completing this form below.

Which pressure would you prefer to be used during your massage session? (select all that apply)

- ☐ light
- ☐ firm
- ☐ medium
- ☐ deep

Have you had a massage less than a year?

- ◯ YES
- ◯ NO

Which massage style do you prefer? (select all that apply)

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- [ ] Swedish
- [ ] Stretching
- [ ] Neuromuscular
- [ ] sports
- [ ] Prenatal
- [ ] Hot towels on back and feet
- [ ] Hot towel ONLY on back
- [ ] Hot towel ONLY on feet

Please select options you would like to have MORE FOCUS or AVOID

	More focus	Avoid
Back	○	○
Legs	○	○
Calves	○	○
Feet	○	○
Face	○	○
Scalp and Hair	○	○
Neck	○	○
Hands	○	○
Arms	○	○
Glutes/Hips	○	○
Abdomen	○	○
Pecs	○	○

Medical history

Do you have any injuries?

Do you take any medications?

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Please indicate any conditions you have had in the past or currently have.

- ☐ Cancer
- ☐ Headaches/Migranes
- ☐ Arthritis
- ☐ Diabetes
- ☐ Joint replacement(s)
- ☐ High/Low blood pressure
- ☐ Neuropathy
- ☐ Fibromyalgia
- ☐ Stroke
- ☐ Heart attack
- ☐ Kidney Dysfunction
- ☐ Blood Dysfunction
- ☐ Blood clots
- ☐ Numbness
- ☐ Sprains or Strains

If you are aware and understand the policies of Salubrious massage and fitness that are on my website,please sign below.

Sign & Date

Submit

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