



Zen Retreat

Massage Questionnaire

Notice: Please understand that in answering these questions, your answers are not used to diagnose or prescribe, however we do offer recommendations that will help you feel better. It's all part of your wellness plan for your life.

Name: _____ **Age:** _____ **Occupation:** _____

Address: _____ **Apt#** _____ **City:** _____ **State:** _____ **Zip code:** _____

Telephone: Cell: _____ **Other:** _____

DOB: _____ **Email:** _____ **how did you hear about us?** _____

Do you have any heart disease?	Yes	No	
If yes, please explain _____			
Do you have allergies?	Yes	No	
If yes, list all _____			
Do you have high blood pressure?	Yes	No	
What medication are you taking? _____			
Are you under doctor's care for any other special conditions?	Yes	No	
If yes, please explain _____			
Do you retain water?	Yes	No	
Are you diabetic?	Yes	No	
If yes, what medications are you taking? _____			
Do you have any circulatory problems?	Yes	No	
If yes, please explain _____			
Have you ever had a massage?	Yes	No	
Are you claustrophobic?	Yes	No	
Do you have any injuries that may be sensitive to a massage?	Yes	No	
If so, please explain _____			
What do you feel is your level of stress?	Low	Medium	High
How much water do you drink per day?	16oz	32oz	64oz
How much pressure do you prefer when receiving your massage?	Very Firm	Firm	Medium/Light
Are you pregnant?	Yes	No	
If yes, please indicate how many weeks/months & if there are any complications we should be aware of			

Therapist's comments/notations

By signing this questionnaire, I agree to release Zen Retreat Inc., and Staff from all liability regarding any injuries I may sustain as a result of massage services I receive here. These services are as a result of my answers, which are truthful to the best of my knowledge.

Signature

Date