SACRED HANDS MASSAGE

2208 Airport Rd.
Hot Springs, AR 71913
(501) 282-2357

PERSONAL

Name: _____ **Date of Birth:**_____

Address_____ **City/State/Zip**_____

Phone: Home_____ **Cell**_____ **Best # to reach you**_____

E-mail Address_____ **Occupation**_____

I authorize email, phone or text communication (initials)_____

If you were referred, whom may we thank?_____

GENERAL HEALTH: Please mark if you have any of the following diagnosed medical conditions.

Heart Disease	**YES ☐**	**NO ☐**	**Cancer**	**YES ☐**	**NO ☐**
High Blood Pressure	**YES ☐**	**NO ☐**	**In Remission?**	**YES ☐**	**NO ☐**
Low Blood Pressure	**YES ☐**	**NO ☐**	**Fibromyalgia**	**YES ☐**	**NO ☐**
Varicose Veins	**YES ☐**	**NO ☐**	**HIV / AIDS**	**YES ☐**	**NO ☐**
Phlebitis	**YES ☐**	**NO ☐**	**Had Surgery**	**YES ☐**	**NO ☐**
Arthritis	**YES ☐**	**NO ☐**	**Carpal Tunnel or**	**YES ☐**	**NO ☐**
Diabetes	**YES ☐**	**NO ☐**	**Repetitive Motion Injury**	**YES ☐**	**NO ☐**
Edema	**YES ☐**	**NO ☐**	**Allergies (Seasonal / Lotions)**	**YES ☐**	**NO ☐**

If yes, please describe:_____

List Medications: _____

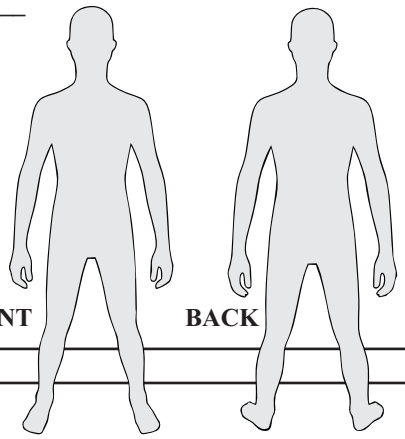
Been involved in an accident (car, work comp, other)? YES ☐ NO ☐ Date of Accident:_____

Under a Doctor's Care? YES☐ NO☐ | Chiropractor? YES☐ NO☐ | Therapist? YES☐ NO☐ | Other? YES☐ NO☐

What conditions are you being treated for?_____

_____

CIRCLE THE AREAS YOU EXPERIENCE PAIN OR OTHER DISCOMFORT:



EMERGENCY INFORMATION & SIGNATURE

In case of emergency, please notify_____ **Phone**_____

I understand massage services are designed to be a health aid and are in no way intended to take the place of a doctor's care when indicated. Information exchanged during any massage session is educational and confidential in nature. All information shared is intended to help me become more familiar with and conscious of my own health status.

I authorize the use of: Hot Packs YES☐ NO☐ | Hot Stones YES☐ NO☐ | Essential Oils YES☐ NO☐ | Fascia Blaster YES☐ NO☐
Cupping YES☐ NO☐

This information has been explained, and I understand the benefits and risks of each.

Name_____ **Signature**_____ **date**_____