



Nokomis Massage & Wellness LLC
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Massage Therapy Client Information & Waiver/Release Form

Client Name _____ Date of Birth _____ Gender M F

Address _____

Street City State Zip

Occupation _____ Employer _____

Phone _____ Email _____ Referred by _____

Emergency Contact _____

Name Relationship Phone Number

Massage and General Health Information:

Last time you received professional massage/bodywork? _____

List the reason(s) for your massage visit including symptom(s): (e.g. neck tension, headaches, stress, low back pain)

How do these symptoms/conditions interfere with your daily living (e.g sleep, work, exercise, home life)

Are you currently seeing a Chiropractor, Physical Therapist, or Physician for these or other conditions? Y N

Please Explain: _____

Have you had a recent major surgical procedure, injury or accident? Y N: _____

What are your expected outcomes or goals for receiving massage: _____

List medication(s) currently taking: _____

Please circle your stress level: Low 1 2 3 4 5 High

Do you wear contacts? Y N Are you allergic to any Lotions or Oils? Y N

Can you comfortably lie on your: Stomach Y N Back Y N

Are you comfortable with the Massage Therapist working on the following body areas:

Head	Y N	Neck	Y N	Face	Y N	Shoulders	Y N	Back	Y N
Abdomen	Y N	Chest/Pecs	Y N	Hips	Y N	Gluts/Buttock	Y N	Legs	Y N

Systems Review:

Please indicate if any of the following conditions apply: **C** for Currently and **P** for Past. (Leave blank if not applicable)

Musculo-Skeletal

- Headaches/ Migraines
- Neck pain/stiffness
- Strains/Sprains
- Back, hip pain
- Shoulder, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Jaw pain/TMJ
- Tendonitis/Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Spasms/cramps
- Broken/Fractured bones
- Other: _____

Skin

- Rashes
- Allergies
- Athlete's foot
- Acne
- Bruise easily
- Hemophilia/Blood thinners

Circulator/Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Stroke
- Heart condition
- Allergies
- Asthma
- High/Low blood pressure
- Other: _____

Digestive

- Reflux
- Constipation
- Intestinal gas/bloating
- Diarrhea
- Irritable bowel syndrome
- Crohn's Disease
- Colitis
- Other: _____

Reproductive System

- Pregnancy

Nervous System

- Numbness/tingling
- Fatigue
- Sleep disorders
- Ulcers
- Paralysis
- Herpes/shingles
- Chronic Fatigue Syndrome
- Other: _____

Other

- Loss of Appetite
- Frequent Colds or Flu
- Depression
- Hearing Impaired
- Difficulty concentrating
- Diabetes
- Fibromyalgia
- Post/Polio Syndrome
- Cancer
- Other: _____

Under certain conditions such as: blood clots, infections, congestive heart failure, contagious diseases pitted edema massage should not be performed, please make sure that you have made the Therapist aware of any of those conditions

Please add any additional significant new health history:

Client Signature

Client Printed Name

Date

Massage Therapist/Staff Signature

Massage Therapist/Staff Printed Name

Date