



AMELIA MASSAGE ASSOCIATES INC. (MM11381)  
 Experience the difference.....bodywork  
 professionals with a passion for your good care  
 since 1995.

To help us better serve you, please take a few minutes to  
 provide us with the following confidential information.

Name(print): \_\_\_\_\_

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

Address: \_\_\_\_\_  
 (Please include City, State, and ZipCode)

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

Phone: \_\_\_\_\_ Occupation \_\_\_\_\_

Birth Month \_\_\_\_\_ Referred by: \_\_\_\_\_

Have you ever received a professional massage before today? \_\_\_ YES \_\_\_ NO  
 If yes, how much pressure is comfortable to you? 1 2 3 4 5  
 (Please circle the massage you prefer. Relax Combo Deep Tissue  
 Would you like a relaxing scalp massage? \_\_\_ YES \_\_\_ NO  
 Would you like massage therapy on abdominal muscles? \_\_\_ YES \_\_\_ NO  
 Would you like hips, hip flexors, and gluts massaged? \_\_\_ YES \_\_\_ NO  
 Do you enjoy conversation during your massage? \_\_\_ YES \_\_\_ NO  
 Are you wearing contact lenses? \_\_\_ YES \_\_\_ NO

**Please check to answer each condition below.**

- Sensitive to Aromas \_\_\_ YES \_\_\_ NO If Yes list specific aroma(s) \_\_\_\_\_
- Allergic to Nuts \_\_\_ YES \_\_\_ NO
- Skin Sensitivities \_\_\_ YES \_\_\_ NO (eczema or psoriasis)
- Abdominal Aortic Aneurysm \_\_\_ YES \_\_\_ NO • Arthritis YES \_\_\_ NO
- Edema \_\_\_ YES \_\_\_ NO • Pacemaker \_\_\_ YES \_\_\_ NO
- Fever/Cold \_\_\_ YES \_\_\_ NO • Phlebitis \_\_\_ YES \_\_\_ NO
- Varicose Veins \_\_\_ YES \_\_\_ NO • Cardiovascular Problems \_\_\_ YES \_\_\_ NO
- Are you taking Blood Thinners \_\_\_ YES \_\_\_ NO • Diabetes \_\_\_ YES \_\_\_ NO
- Are you wearing an Insulin Pump \_\_\_ YES \_\_\_ NO • Scoliosis \_\_\_ YES \_\_\_ NO
- Do You Bruise Easily \_\_\_ YES \_\_\_ NO
- Slipped-Bulging-Ruptured-Fused Disc \_\_\_ YES \_\_\_ NO • Cancer \_\_\_ YES \_\_\_ NO

If Yes Please Explain:

\_\_\_\_\_  
 \_\_\_\_\_

Please list any injuries in the past year:

\_\_\_\_\_  
 \_\_\_\_\_

Please list any surgery / surgeries:

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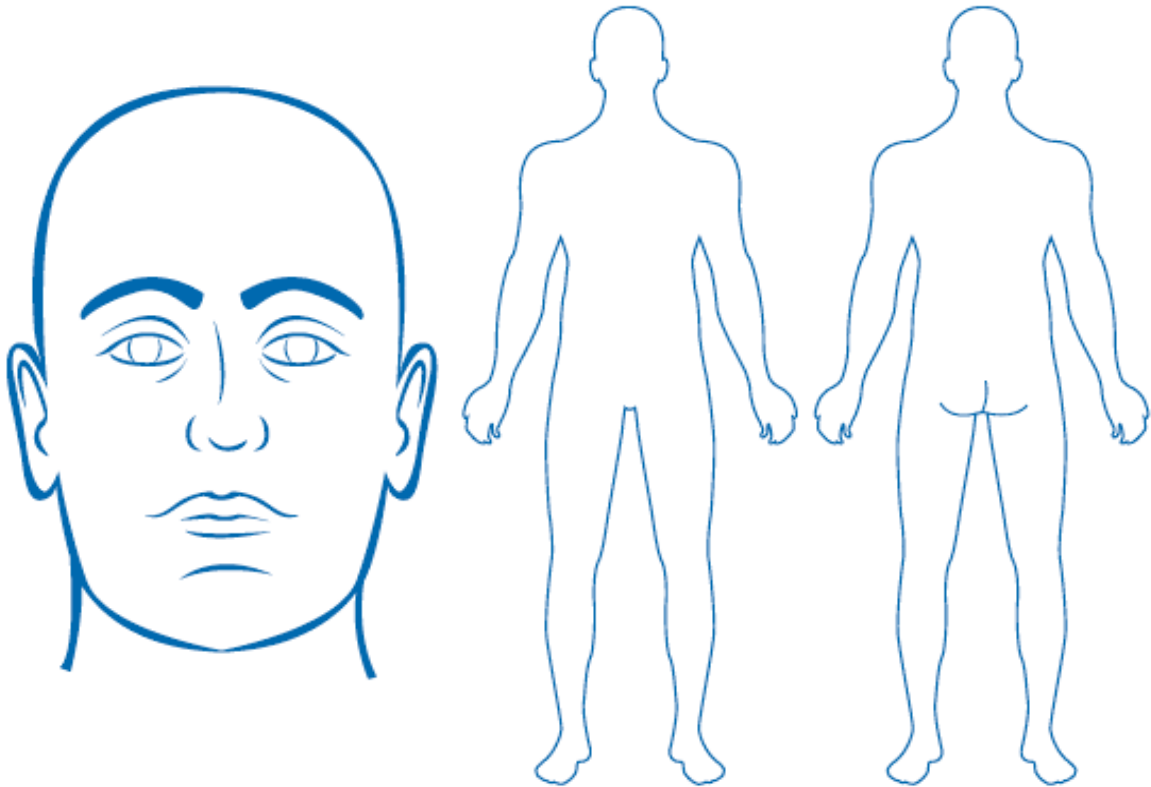
**Ladies please complete this portion:**

Are you currently pregnant?  YES  NO How many Weeks? \_\_\_\_\_

Do you experience menstrual cramps? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently: \_\_\_\_\_ pre-menopausal \_\_\_\_\_ menopausal \_\_\_\_\_ post-menopausal

Mark an X on the diagram(s) to indicate any current pain or other symptoms:



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We, as Florida Licensed Massage Therapist's, Certified NCBTMB practitioners, and Facial Specialists, are proud of our profession and pleased to serve you. We do not contend that our therapies or body treatments are cures for any serious conditions or ailments. However, in accordance with our Mission, we will strive to provide rest, relaxation, rejuvenation, pain relief, and a sense of wellbeing for all clients. Please feel free to let us know how we are doing. Thank you for your confidence in our team.

Amelia Massage Associates.