Flor M Banks, Licensed Massage Therapist

Client Questionnaire

Personal Information

Basic Information

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Male Female Not Specified

Occupation

Contact Information

Email

Phone (mobile preferred)

Cell

Address

City

State

Zip

Emergency Contact Information

Contact Name

Phone

Relationship

How did you hear about us?

Doctor (optional)

Physician Name

Phone

Issue(s) To Address Information

Cause of Injury or Concern

How long since first noticed

Describe your treatment goals

Past Treatment

Additional Questions

Any lymph nodes removed? Where?

IF CANCER (PRESENT OR PAST) ask for additional information will be needed. Write below to request it, please

If MANUAL LYMPH DRAINAGE (MLD) is the reason of the appointment, additional information will be needed. Please write below to request it. Thanks

MEDICAL MASSAGE. If you have any medical condition, therapist will need a physician's prescription.

FOR OTHER CLIENTS, MEDICAL SECTION BELOW IS OPTIONAL

1 MEDICAL. Referring Physician

2.MEDICAL. Was injury result of an accident? If yes, job related? or automobile accident? or other, Explain

3.MEDICAL. Date of injury or onset

4.MEDICAL. List physical activities you participate in regularly

5.MEDICAL What movement or activities are limited?

6.MEDICAL. Describe the events of the injury or accident

7.MEDICAL.List previous major injuries/surgeries

8.MEDICAL. What other treatments are you receiving and by whom? (acupuncture, physical therapy, chiropractic, naturopathic)

9.MEDICAL. What seems to help the most?

10.MEDICAL.What seems to aggravate the condition the most?

11.MEDICAL. What is your main activity at work? On phone, sitting, computer work, driving car, walking, other. Explain

12.MEDICAL. What do you do to relieve stress?

Existing Conditions Information

Respiratory

- Asthma
- Bronchitis
- Chronic cough
- Emphysema
- Shortness of Breath

Cardiovascular

- Blood Clots
- Cardiovascular Accident
- Cerebral-vascular Accident
- Cold Feet
- Cold Hands
- Congestive Heart Failure
- Heart Attack
- Heart Disease
- High Blood Pressure
- Low Blood Pressure
- Lymphedema
- Myocardial Infarction
- Pacemaker
- Phlebitis
- Stroke
- Thrombosis/Embolism
- Varicose Veins

Skin

- Bruise Easily
- Hypersensitive Reaction
- Melanoma
- Skin Conditions
- Skin Irritations

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Head & Neck

- [ ] Ear Problems
- [ ] Headaches
- [ ] Hearing Loss
- [ ] Jaw Pain (TMJD)
- [ ] Migraines
- [ ] Sinus Problems
- [ ] Vision Loss
- [ ] Vision Problems

Infectious Conditions

- [ ] Athlete's Foot
- [ ] Hepatitis
- [ ] Herpes
- [ ] HIV
- [ ] Respiratory Conditions
- [ ] Skin Conditions

Women

- [ ] Gynecological Conditions
- [ ] Pregnancy

Soft Tissue / Joint Dysfunction

- [ ] Ankles (Left)
- [ ] Ankles (Right)
- [ ] Arms(Left)
- [ ] Arms(Right)
- [ ] Feet (Left)
- [ ] Feet (Right)
- [ ] Hands (Left)
- [ ] Hands (Right)
- [ ] Hips (Left)
- [ ] Hips (Right)
- [ ] Knees (Left)
- [ ] Knees (Right)
- [ ] Legs (Left)
- [ ] Legs (Right)
- [ ] Lower Back (Left)
- [ ] Lower Back (Right)
- [ ] Mid Back (Left)
- [ ] Mid Back (Right)
- [ ] Neck (Left)
- [ ] Neck (Right)
- [ ] Shoulders (Left)
- [ ] Shoulders (Right)
- [ ] Upper Back (Left)
- [ ] Upper Back (Right)

Family History

- [ ] Cardiovascular Conditions
- [ ] Respiratory Conditions

Miscellaneous

- [ ] Allergies
- [ ] Anaphylaxis
- [ ] Artificial Joints / Special Equipment
- [ ] Arthritis
- [ ] Cancer
- [ ] Crohn's Disease
- [ ] Diabetes
- [ ] Digestive Conditions
- [ ] Dizziness
- [ ] Epilepsy
- [ ] Fibromyalgia
- [ ] Gout
- [ ] Hemophilia
- [ ] Insomnia
- [ ] Loss of Sensation
- [ ] Lupus
- [ ] Mental Illness
- [ ] Osteo Arthritis
- [ ] Osteoporosis
- [ ] Other Diagnosed Diseases
- [ ] Other Medical Conditions
- [ ] Rheumatoid Arthritis
- [ ] Shingles
- [ ] Stress
- [ ] Surgical Pins or Wire

Allergies and other conditions your provider should be aware of

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Neurological

- ◯ Burning
- ◯ Cerebral Palsy
- ◯ Herniated Disc
- ◯ Multiple Sclerosis
- ◯ Numbness
- ◯ Parkinsons
- ◯ Stabbing pain
- ◯ Tingling

Medications Please list any medications or drugs you are currently on

Client Waiver form

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that massage is entirely therapeutic and non-sexual in nature.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

◯ I have read the statement above and agree to all the policies

Client Signature*

Date*

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