



New Jersey Massage LLC

CLIENT QUESTIONNAIRE

Welcome to New Jersey Massage, LLC. We have been offering our very special style of massage therapy services since 1980. If you have any questions or comments about your Massage Therapist, please bring it to the attention of our management on your way out. If during the session you feel uncomfortable, simply ask your therapist to end the session.

Name: _____ Age: _____ Birthdate: _____

Home Address: _____

City _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Number: _____

Occupation: _____

Work Phone Number: _____

E-mail Address: _____

How did you hear of the Spa?

____ Referral (Please indicate name): _____

____ Advertisement (please indicate where): _____

Are you in pain and where? _____

The following questions will provide us with important information about your current physical condition. Please answer as thoroughly as possible.

Yes No

___ ___ 1. Have you ever had surgery or any recent acute injuries?
If yes, please explain: _____

___ ___ 2. Do you have any back or neck problems?
If yes, please explain: _____

___ ___ 3. Do you have any spinal problems?
If yes, please explain: _____

___ ___ 4. Do you have arthritis?
If yes, please explain: _____

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- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have any heart problems?
If yes, please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have any blood pressure problems?
If yes, please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have varicose veins or blood clots? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you have any skin problems or allergies?
If yes, please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you wear contacts? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you wear dentures? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you exercise regularly or participate in any sports?
If yes, what sports/exercise? _____
How often? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. What part of your body do you hold the most stress? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you ever had a professional massage? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Do you have any other medical conditions?
If yes, please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Are you currently taking any medication?
If yes, please explain: _____
What is the name of your physician? _____ |

In order for us to serve you better, please check off any of the subjects listed below which might be of interest to you:

- Nutrition information and/or workshop
- Natural Foods Cooking Classes
- Corporate On-Site Massage Therapy
- Tai Chi
- Yoga
- Massage for Couples Workshop
- Reflexology Workshop
- Massage Team for your next party or organized function
- Meditation

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With neuromuscular, medical and deep tissue massage you might experience sensitivity at certain points during your massage, or in some instances, a physical reaction may occur after or the next day. Like a Charley Horse, this is usually nothing more than what is experienced after a good physical workout.

It is your responsibility to inform the therapist of any pre-existing conditions, limitations or specific sensitivities and to inform your therapist if you feel any discomfort during the session. If you do experience discomfort, please ask the therapist to adjust the level of pressure. You understand and voluntarily accept any risks of which you have been advised about associated with your massage, or from any use of the company's facilities, and hereby release New Jersey Massage, LLC (including its employees, practitioners, agents and insurers) from all liability for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to you resulting there from. You further hereby release all of the foregoing personnel and entities from

all liability arising from any such injury or damage resulting from your failure to disclose any pre-existing condition, limitation, or specific sensitivities, or your failure to inform your therapist of any discomfort during the session. Your therapist may determine that it is unsafe for you to proceed with or continue a therapeutic session due to health related concerns. In this event you may be required to provide New Jersey Massage, LLC with a physician's medical release prior to continuing treatment. The undersigned acknowledges that he/she has read this agreement and agrees to its provisions.

Please Note: If you miss your appointment for whatever reason and do not cancel within 24 hours of your appointment, you will be charged for your missed opportunity. You contracted for this time; you were responsible for it, we were not able to give your time to someone else and we cannot make this time up. You can always however send someone in your place. We sincerely hope you understand.

Signature of Client: _____ Date: _____

Name: _____ Date: _____