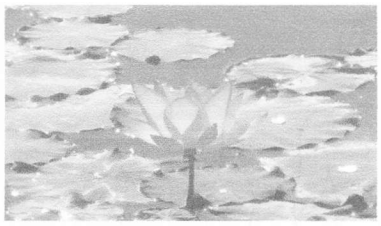


Wild Flower Healing Arts

Client Information

Name_____ Date_____

Address_____City_____State_____ZIP_____

Email Address_____

Home Phone_____ Cell Phone_____

Birth Date_____ Physician_____

Other Health Care Provider_____

Occupation_____ Referred By_____

Have you ever had a Massage before?_____

Have you had any serious or chronic illnesses, operations, virus infection or traumatic accidents?_____

What results would you like to achieve with our work?_____

_____

Are you on any Medication?_____

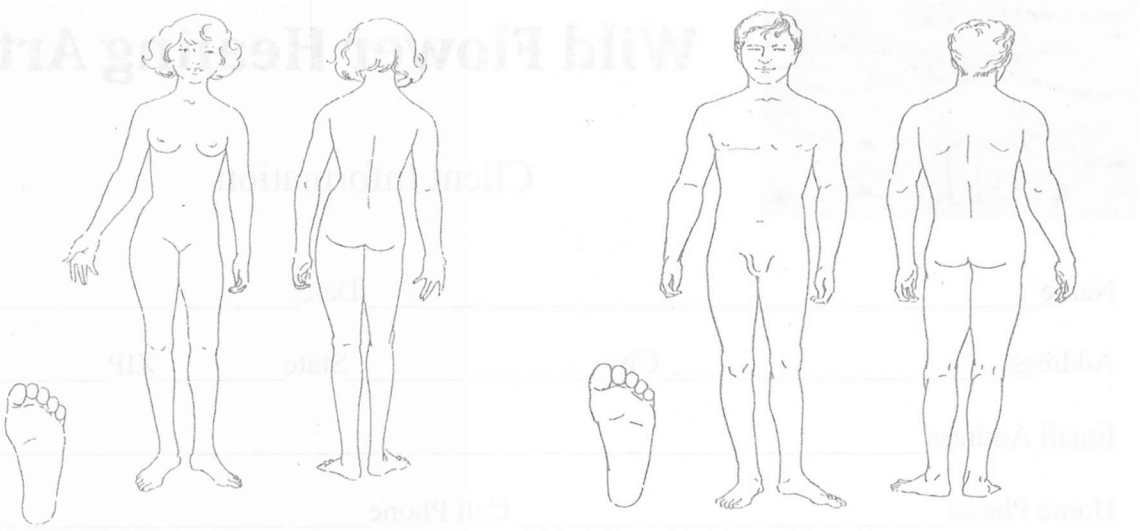
Are you allergic to oils, lotions, ointments, or other substances put on your skin?

_____

Is there any particular area of the body where you are experiencing tension, stiffness or other discomfort?_____

I have completed this information to the best of my knowledge. I understand that massage services are designed to be a health aid and in no way takes the place of a doctors care when it is indicated. I understand that it is my responsibility to keep my massage Practioner informed of any changes in my health and medication.

Signature_____ Date_____



Use the diagrams above to indicate any past or current injuries, pains, or areas of discomfort. Include any surgeries you have had. Simply circle or draw a line to the area, briefly describe the problem/ injury, and the age when it happened or first appeared.

Please check all conditions that may apply to you

___Headaches/ Migraines	___Chronic Pain	___Fatigue
___Head or Neck Problems	___Arthritis	___Depression
___Sinus Problems	___Diabetes	___Sleep Difficulties
___Back Problems	___Cancer/ Tumors	___Hormonal Imbalance
___Leg Pain/Sciatica	___Heart Problems	___Menstrual Cramps
___Carpal Tunnel	___Pregnancy	___Fibromyalgia
___Constipation	___Varicose Veins	___HIV/Aids
___Asthma/ Lung Conditions	___Rash/ Athletes Foot	___Osteoporosis
___High/Low Blood Pressure	___Seizures	___Infectious Disease
___Allergies	___Blood Clots	___Scoliosis/Kyphosis
___Muscle or Joint Pain	___Muscle/ Bone Injuries	___Numbness or Tingling

What kind of pressure do you like? ___Light __Medium __Deep

Thank you for your cooperation in your future Health and Wellbeing.

Do not write in this area for office use only: Date : Oil:_____