

*Cotter Massage & Bodywork*  
**CONFIDENTIAL CLIENT INFORMATION FORM**

Name: \_\_\_\_\_ Sex M F Date of Birth: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Referred by: \_\_\_\_\_

Physician Name & Phone #: \_\_\_\_\_

*If you answer "yes" to any of the following questions, please explain as clearly as possible.*

Have you ever had a professional massage before? Yes No \_\_\_\_\_

Do you frequently suffer from stress? Yes No \_\_\_\_\_

Are you diabetic? Yes No \_\_\_\_\_

Are you pregnant? Yes No \_\_\_\_\_

Do you have frequent headaches? Yes No \_\_\_\_\_

Do you suffer from back pain? Yes No \_\_\_\_\_

Do you have any cardiac or circulatory problems? Yes No \_\_\_\_\_

Do you have high blood pressure? Yes No \_\_\_\_\_

Do you have varicose veins or blood clots? Yes No \_\_\_\_\_

Do you have any seizure disorders? Yes No \_\_\_\_\_

Do you suffer from arthritis? Yes No \_\_\_\_\_

Are you allergic to peanuts? Yes No \_\_\_\_\_

Do you have osteoporosis? Yes No \_\_\_\_\_

Do you have numbness or stabbing pains anywhere? Yes No \_\_\_\_\_

Are you HIV positive? Yes No \_\_\_\_\_

Do you wear contacts? Yes No \_\_\_\_\_

Do you have any skin diseases or open sores? Yes No \_\_\_\_\_

Do you have any contagious diseases? Yes No \_\_\_\_\_

Do you have any allergies? Yes No \_\_\_\_\_

Have you broken any bones or had any surgeries? Yes No \_\_\_\_\_

Have you ever suffered from whiplash? Yes No \_\_\_\_\_

Do you suffer from Fibromyalgia or Polymyalgia? Yes No \_\_\_\_\_

Do you suffer from Chronic Fatigue Syndrome? Yes No \_\_\_\_\_

Are you **very** sensitive to touch or pressure anywhere? Yes No \_\_\_\_\_

Have you been in an accident in the past two years? Yes No \_\_\_\_\_

Do you have any artificial joints or implants? Yes No \_\_\_\_\_

What activities/exercise do you enjoy? \_\_\_\_\_

How often do you participate in moderate to intense physical activity? \_\_\_\_\_

What do you do to relax on a daily basis? \_\_\_\_\_

Do you prefer cotton sheets or flannel? \_\_\_\_\_

Would you like the table warmer on when the weather is cool? \_\_\_\_\_

Do you have any other medical conditions, or are you taking any medications that I should know about? \_\_\_\_\_

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Please list your massage goals in priority of concern (Stress reduction, pain relief, increased range of motion...).

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**What kinds of music do you like to listen to when receiving a massage? Circle all that apply.**

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Pop Jazz (Vonda Shepard, Harry Connick Jr., Sade, Frank Sinatra, Michael Buble'...)

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Blue Jazz (Natalie Cole, Miles Davis, ...)

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Classic Pop (Neil Diamond, The Carpenters, Fleetwood Mac, Engelbert Humperdinck, Mamas & the Papas, Barry Manilow...)

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Old School Pop (Cher, Billy Joel, Elton John, The Monkeys, The Partridge Family...)

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Upbeat Pop-Oldies (Beach Boys, Jimmy Buffet, Supertramp,

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Pop-Soft Rock (Phil Collins, John Mayer, Van Morrison, Nelly Furtado, Hootie and the Blowfish,...)

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Old School Rock (Huey Lewis, Janis Joplin, John (Cougar) Mellencamp, Sting...)

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Folk (Crash Test Dummies, Burl Ives, Van Morrison, James Taylor,...)

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Pop-Folk (Jewel, Norah Jones, Simon & Garfunkel,...)

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Atmosphere World Positive (Yanni, Enya,...)

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Instrumental & Nature (Rain, Wind Chimes, Percussion, Steel Drums, Flutes, Guitar, Ocean, River, Tropical Jungle, Birds,...)

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Healing subliminal (Radiant health and Well-Being, Dr Emoto & Alan Roubik, Chakra Suite,...)

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Christmas music in December

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Other (Beatles, Big Band, Alanis Morissette, Bonnie Raitt, Randy Travis, ZZ Top)

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**Which of the following aromas do you like? Circle all that apply.**

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Lavender

Chamomile

Sage

Lavender/tangerine

Patchouli

Geranium

Grapefruit

Pine

Sandalwood

Orange

Peppermint

Lemon grass

Eucalyptus

Cinnamon

Other:

Rosemary

Basil

Ylang Ylang

Gardenia

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I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension, spasm or soft tissue injury, or for stimulating circulation and energy flow. I understand that massage therapists and bodyworkers do not diagnose illness or disease, nor do they prescribe any medical treatments or perform spinal manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and, it is recommended I see a healthcare professional for that service. I have stated all medical conditions and will update the massage therapist with any changes in my health status and medication. I understand that sexual advances and/or comments will result in immediate termination of the massage session with full payment due.

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**SIGNATURE**

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**DATE**

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