



# Lotus Healing Arts, LLC

Deborah Ensweiler, LMT

## MASSAGE HEALTH HISTORY QUESTIONNAIRE

This questionnaire has been designed to assist your massage therapist in providing you the best professional care and service. The information herein will be kept in strict confidence.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

In case of emergency:  
 Contact \_\_\_\_\_ Phone \_\_\_\_\_

Referred by \_\_\_\_\_

Email \_\_\_\_\_

### Medical Information

Are you taking any medications?  yes  no  
 If yes, please list name and use: \_\_\_\_\_

Are you currently pregnant?  yes  no  
 If yes, how far along? \_\_\_\_\_  
 Any high risk factors? \_\_\_\_\_

Do you suffer from chronic pain?  yes  no  
 If yes, please explain \_\_\_\_\_  
 What makes it better? \_\_\_\_\_  
 What makes it worse? \_\_\_\_\_

Have you had any orthopedic injuries?  yes  no  
 If yes, please list: \_\_\_\_\_

Please indicate any of the following that apply to you.

- |  |   |
|--|---|
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Fibromyalgia       |
| <input type="checkbox"/> Headaches/Migraines     | <input type="checkbox"/> Stroke             |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Heart Attack       |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacements      | <input type="checkbox"/> Blood Clots        |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness           |
| <input type="checkbox"/> Neuropathy              | <input type="checkbox"/> Sprains or Strains |

Explain any of the conditions you have marked above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Massage Information

Have you had a professional massage before?  yes  no

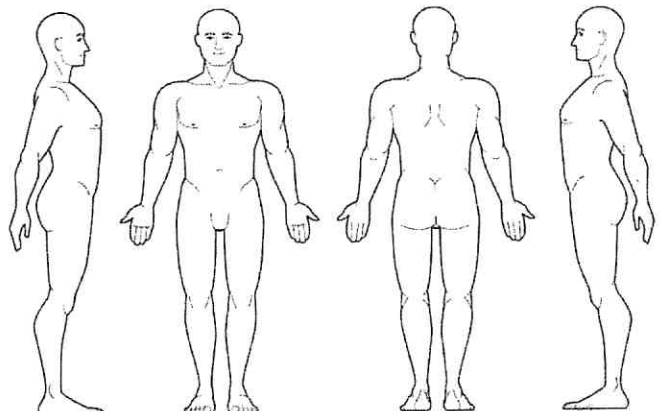
What pressure do you prefer?  
 Light  Medium  Deep

Do you have any allergies or sensitivities?  yes  no  
 Please explain \_\_\_\_\_

Are there any areas (feet, face, abdomen, etc.) you do not want massaged?  yes  no  
 Please explain \_\_\_\_\_

What are your goals for this treatment sessions?  
 \_\_\_\_\_

Please circle any areas of discomfort



**OVER**

**Please Sign and Date the Following Statement & Policies**

*Massage/bodywork is not done under certain condition. I have answered all questions to the best of my knowledge. There is no liability if I fail to do so. I understand that any illicit or sexually suggestive remarks will end the massage and no future sessions will be scheduled. I understand that massage/bodywork does not constitute medical treatment, and that I will seek qualified treatment for medical or psychological problems. I understand that massage/bodywork is for relaxation and relief of muscle tension.*

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Cancellations/No Show Policies of Lotus Healing Arts Massage**

*If you need to cancel I do ask for 24 hour notice so that arrangement can be made to fill that time slot. If you do not show up for an appointment a \$40.00 payment is required. Exceptions are made for sudden illness, accidents, or emergency.*

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**About The Massage You Are To Receive**

Massage is both a therapy and an art form. Many massage therapists practice a combination of forms and techniques. It is not uncommon for one massage to vary from another. Our therapist blends Swedish, Deep Tissue, Trigger Point Therapy and Lymphatic techniques. Be sure to tell the therapist if you have any particular areas of pain, discomfort or tenderness before your massage. *Remember: This is your body, this is your massage, don't be afraid to ask questions.*

**During The Massage**

This massage should feel comfortable at all times. If it doesn't, please let your massage therapist know immediately. On a scale of 1-10 of sensations the pressure should not exceed a 6 or 7 for your level of tolerance. Your massage therapist will occasionally ask for feedback about the amount of pressure during the massage.

**Keep Breathing**

Exhaling releases tension and holding your breath retains tension. So, if at any time during the massage you find yourself holding your breath, exhale and resume normal breathing. This is particularly important when your massage therapist is applying pressure or stretching a muscle.

**Talking**

It is important to keep your massage therapist updated and informed. The beginning of each massage is a good time to converse about various matters. As you relax, you may find it is easier to allow a deeper process of unwinding in silence, enjoying the sensations and quiet music played. In silence your massage therapist will be able to use more attention and intuition in understanding what your body needs.

**How Is Privacy Assured During A Full-Body Massage?**

Your massage therapist will leave the treatment room while you disrobe. You will cover yourself with a linen sheet on the massage table before the therapist re-enters the room. Certified massage therapists have been trained in the skills of draping to insure that your modesty and comfort are protected. You may choose to keep your underwear on if you wish.

**What are the credentials of the massage therapist at Lotus Healing Arts?**

Our therapist is licensed in the State of Wisconsin and has advanced training in various massage modalities and is a member of ABMP Professional Association.