Healing By Sheryl

Welcome! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name____ Date of birth______________

Address____

City________________________ State____________ Occupation__________________

Cell Phone_____________________ Email_______________________________________

Have you ever received massage therapy? Yes No

How often do you receive massages? ____

What is the reason for massage today? ____

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

- ☐ arthritis
- ☐ diabetes
- ☐ blood clots
- ☐ bruise easily
- ☐ cancer
- ☐ chronic pain
- ☐ constipation/diarrhea
- ☐ auto-immune condition
- ☐ hepatitis (A, B, C, other)
- ☐ skin conditions
- ☐ stroke
- ☐ surgery
- ☐ TMJ disorder
- ☐ depression
- ☐ anxiety
- ☐ diverticulitis
- ☐ headaches
- ☐ heart conditions
- ☐ back problems
- ☐ high blood pressure
- ☐ insomnia
- ☐ muscle strain/sprain
- ☐ pregnancy
- ☐ scoliosis
- ☐ seizures
- ☐ whiplash

Are you currently seeing a healthcare professional? Yes No

If yes, please list reason/treatment:

____

____

____

Please list all medications:

____

____

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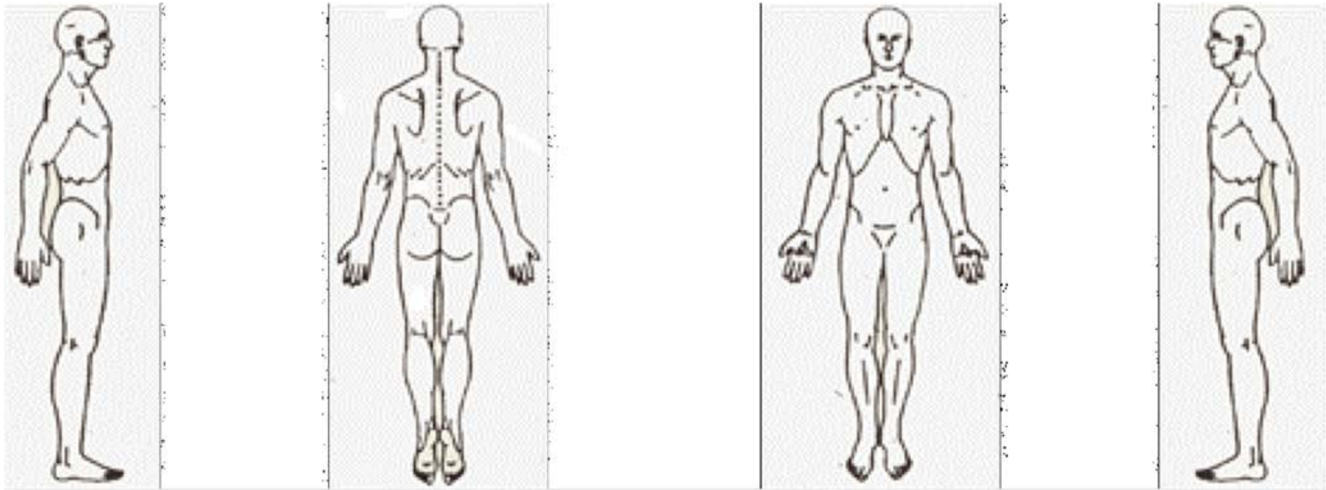
Do you have any allergies?

____

____

Please indicate any areas in which you are feeling discomfort:



As you start relaxing during a massage, your body may react in different ways. The need to move or change position, yawning, changes in breathing, stomach gurgling, emotional feelings, movement of intestinal gas, energy shifts, falling asleep, or memory recall are some of the ways in which your body may respond. Trust your body to express what it needs to.

You may wish to remove jewelry, hearing aids, contact lenses, glasses or anything else that will distract from your comfort during the massage.

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature ______________________________ Date ______________