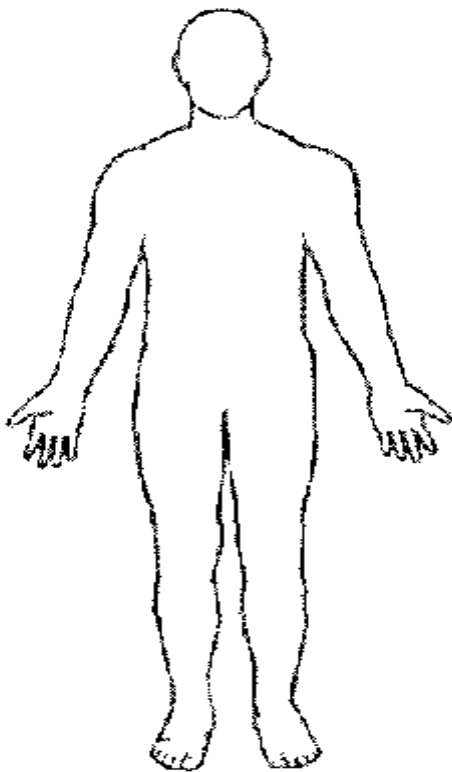


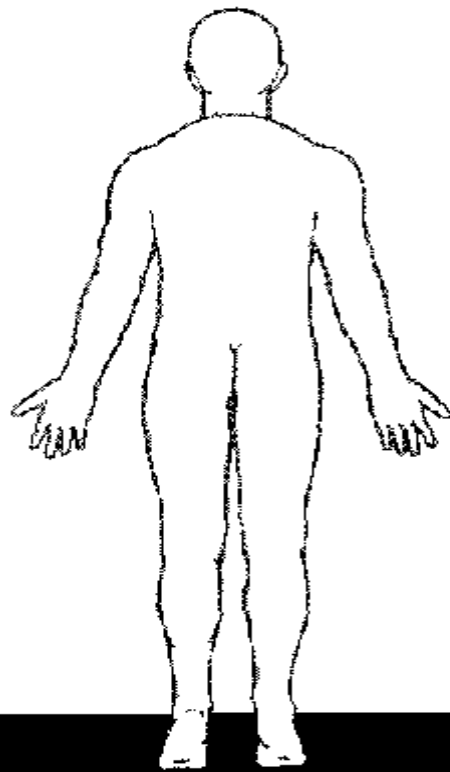


1202 SE Bristol St., Ste. 130
Costa Mesa, CA 92626
Tel: (714) 437-9663
Fax: (714) 437-9631

- Please mark what area(s) you have trouble with and would like us to work on.



Front



Back



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MASSAGE

Client Personal Information

Client Name: _____

Referred By: _____

Address: _____

Date of Birth: _____ Email: _____

Day Phone #: () _____ Evening Phone#: () _____

Emergency Contact: _____ Phone #: _____

Massage History/Treatment Information

1. Have you ever received a professional massage? yes no
If yes, frequency _____ Date of last Massage: _____

2. What results do you want from your massage session(s)? _____

3. Please check the areas of you body that you don't give permission to receive a massage:
back legs buttocks arms neck
face feet other _____

Previous History

1. Your General condition of Health? excellent good fair poor

2. Have you had any recent injuries? yes no Describe _____

3. Have you had any serious illness? yes no Describe _____

4. Have you had any operations? yes no Describe _____

5. Have you had any accidents or broken bones? yes no if yes, describe _____

6. Do you prefer oil or lotion? _____

Signature: _____ Date: _____