

# Downtown Omaha Massage

1216 Howard Street Omaha, NE 68102

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Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ h/c/w \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you like to receive promotional e-mails and/or appointment reminders? Yes No

Would you like to receive text reminders? Yes No Cell Provider: \_\_\_\_\_

(All information is strictly confidential and is not shared with any other parties.)

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### Please review the following conditions and circle those that apply to you:

(Please be advised that certain conditions may be contraindicated for therapeutic massage, and your session may need to be adjusted, discontinued, or rescheduled if receiving therapeutic massage would put your health or the health of the therapist at risk.)

HIV/AIDS

Cancer

Heart Disease

Epilepsy

High/Low BP

Diabetes

Headaches/Migraines

Carpel Tunnel Syndrome

Arthritis

TMJ

Fibromyalgia

Varicose Veins

Chronic Joint Pain

Chronic Muscle Pain

Scoliosis

Cold/Flu

Anxiety/Depression

Skin Conditions

Pregnancy # of weeks: \_\_\_\_\_ High Risk? \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Please explain any of the conditions you circled: \_\_\_\_\_

Please list any recent injuries or surgeries: \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

Do you have your physician's permission to receive therapeutic massage?: Yes No N/A

Are you bothered by incense or aromatherapy? Yes No

Have you received massage therapy in the past?: Yes No

What is your goal/focus for today's treatment?: \_\_\_\_\_

Massage Therapy is not intended to substitute proper medical care, nor is it used for sexual purposes. This health information may only be utilized by Downtown Omaha Massage to provide you with the best care. All information given is true to the best of my knowledge. I release Downtown Omaha Massage from any unforeseen liability that may occur from receiving massage therapy. Downtown Omaha Massage reserves the right to refuse service to anyone, at any time, for any reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_