



Starside Healing Arts LLC

852 SW 21st Avenue Portland Oregon 97205

503 956 0912

This is a CONFIDENTIAL questionnaire to help us determine the best treatment plan for you. Please fill it out as completely as possible even if you do not feel certain questions pertain to you. Thank you.

Personal Information

Name _____ Age _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____

Emergency Contact: Name _____ Contact Phone _____

Whom should we thank for referring you to this office? _____

Have you had massage therapy before? Yes No How often and what kind? _____

Please indicate the use and frequency of the following:

Coffee _____ Soda pop _____ Water _____

Alcohol _____ Recreational drugs _____ Tobacco _____

Please list any allergies or intolerances, including food, scents, lotions and oils: _____

Please describe your eating habits _____

Please list any prescription or over-the-counter medications you are presently taking (continue on back if necessary):

Medication	Reason
_____	_____
_____	_____

Please indicate if any of the following pertain to you. (This may affect the type of treatment you receive.)

- Hepatitis
- HIV
- High or Low Blood Pressure
- Seizures
- Pacemaker
- Blood-Thinning Meds
- High Stress
- Open cuts, sores or bruises
- Circulation Problems
- Easy Bruising
- Cancer
- Infection
- Varicose Veins
- Osteoporosis
- Arthritis
- Scoliosis
- Low Back Pain
- Surgery
- Skin Diseases
- Other Infectious Diseases
- Other Chronic Pain
- Skin Diseases
- Other Infectious Diseases
- Diabetes I/II
- Peptic Ulcer
- Chronic Indigestion
- Chronic Constipation
- Chronic Loose Stools
- Irritable Bowel
- Anxiety
- Fatigue
- Depression
- Frequent Headaches
- Hormone Imbalance
- Irregular Menstruation
- Fibromyalgia
- Infertility
- Pregnancy (Due date: _____)
- Postpartum (Delivery date: _____)

Please elaborate on any conditions you checked, and describe any other conditions or concerns not listed above.

Are there any parts of your body that you do **NOT** want massaged? _____

Are you interested in additional health services besides massage? Chinese herbal medicine Acupuncture

Other _____

Would you like to receive occasional email updates from Starside Healing Arts? Yes No

Massage therapy is not a replacement for medical care. A massage therapist does not diagnose medical illness, disease or any other physical or mental conditions. A massage therapist does not prescribe pharmaceuticals, nor does he or she perform spinal manipulations. You should see a qualified professional for any physical or mental conditions that you may have. You are responsible for informing your practitioner of any medical conditions you're currently experiencing and for keeping your practitioner updated on your health status.

Massage is an intimate art form that requires close contact of patient and practitioner. Thai Massage especially may involve more contact than many people have experienced with other massage modalities. Your privacy and comfort are always of the utmost concern, and you are completely in control of your massage session at all times. If you feel uncomfortable at any time, for any reason, please inform your practitioner immediately. The situation will be addressed and corrected at once. You may end your massage session at any time. Your personal information is confidential and will not be shared with anyone for any reason without your permission.

Payment is due at the time of treatment unless other arrangements have been made. You must give at least 24 hours notice of cancellation of an appointment. Cases of emergency may be considered exceptions to this cancellation policy.

By signing this form, you affirm that you have read and agree to the above.

Client signature _____ Date _____

Practitioner signature _____ Date _____