



HEALTH AND PERFORMANCE MASSAGE

Name: _____ Phone: _____ Date: _____

Address: _____

Emergency Contact: _____

Have you had previous massage therapy / body work? *Yes / No*

Are you involved in a regular exercise program? *Yes / No*

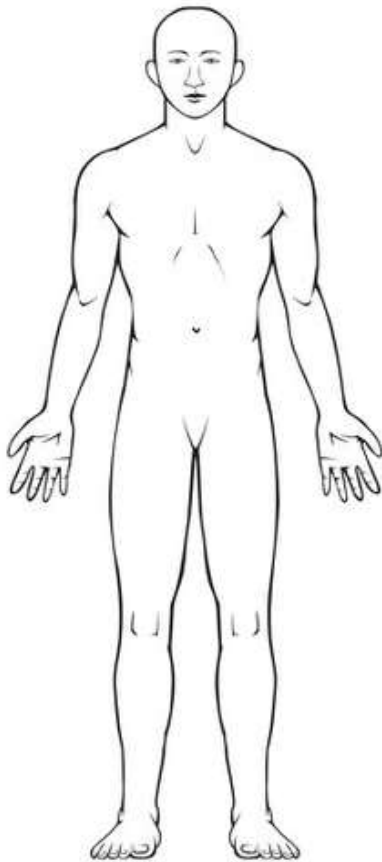
What type? _____

How often? _____

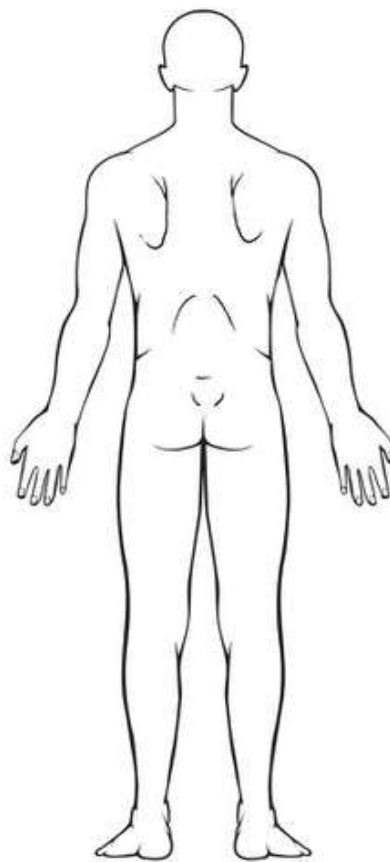
What are your TOP 3 areas of focus:

1. _____
2. _____
3. _____

Mark all areas of focus:



FRONT



BACK



RIGHT



LEFT

COMMENTS: