



Subtle Energy Massage Center
 465 E. High St., Suite 110
 Lexington, KY 40507
 SubtleEnergyMassage.com
 (859) 272-0577

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: Home _____ Cell _____
 E-mail: _____
 Age: _____ DOB: _____ Occupation: _____
 Male Female

Emergency Contact: Name _____ Phone _____

Who may I thank for your visit today? _____

Present symptoms (*reason for visit*):

Are you under the care of a Physician, Chiropractor or Physical Therapist? Yes No
 If so, for what condition? _____

Have you ever experienced a professional massage or bodywork session? Yes No
 If so, how recently? _____

What kind of pressure do you prefer? Light Medium Firm

PLEASE CIRCLE ANY OF THE FOLLOWING IF THEY APPLY TO YOU:

- | | | | |
|---------------------|----------------|------------------|--------------------|
| Sinus Trouble | Fibromyalgia | Fainting | Depression |
| Loss of smell/taste | Asthma | Loss of Balance | Contagious Disease |
| Touch Deprivation | Dizziness | Loss of Memory | Diabetes |
| Allergies | Recent Injury | ringing in Ears | Cancer |
| Headaches | Recent Surgery | Contacts | Pregnant |
| Anemia | Arthritis | Emotional Trauma | TMJ |
| High Blood Pressure | Painful Joints | Constipation | Menopausal |
| Low Blood Pressure | Swollen Joints | Indigestion | Thyroid Problems |
| Varicose Veins | Numbness | Nervousness | Skin Infection |
| Blood Clots | Tingling | Inner Tension | Prostate Problems |
| Heart Problems | Back Pain | Irritability | Other: _____ |
| Stroke | Disc Problems | Fatigue | |

Do you have tension or soreness in a specific area? Yes No
 Please specify: _____

Are you taking any medication I should know about? Yes No
 Please specify: _____

Have you ever had surgery or any injuries in the past 2 years? Yes No

Please specify: _____

Subscribe to my email list for special offers and updates? Yes No

If not, please consider following me on Instagram and Facebook for special announcements.

www.instagram.com/subtleenergymassage

www.facebook.com/subtleenergymassage

CANCELLATION POLICY: When you schedule an appointment, time is reserved exclusively for you. If you must cancel your appointment, a **24-HOUR NOTICE** is required in order to not be charged for the appointment.

Signature _____ Date _____