Wellness For Life

3480 Keith Bridge Rd, Cumming GA 30041
www.DrEkberg.com 678-638-0898

Massage Therapy

Date ___/___/___

Name _____ Phone (Day) _____ Phone (Eve) _____

Street _____

City/St/Zip _____

E-mail _____ Birth Date ___/___/___ Occupation _____

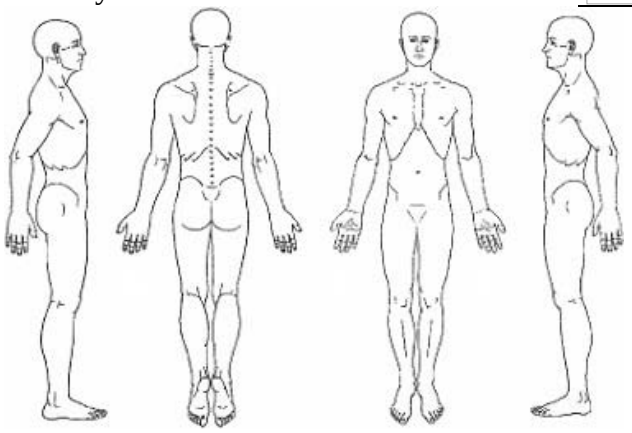
Emergency Contact _____ Contact Phone _____

Referred by _____

1. Have you had a professional massage previously? Yes ☐ No ☐

   If yes, how often do you receive massage therapy? _____

2. Reason for today's visit? Stress reduction ☐ Pain ☐ Injury ☐ Pampering ☐



Please mark the area(s) that you would like the massage therapist to concentrate

3. Do you exercise? Yes ☐ No ☐

   If yes, what type of exercise and frequency? _____

4. Do you have any recent injuries or are you experiencing any physical discomfort? Yes ☐ No ☐

   If yes, explain and date of onset? _____

5. Is there a physician treating you now or recently? Yes ☐ No ☐

   If yes, for what condition(s)? _____

6. Are you currently taking medication? Yes ☐ No ☐

7. Please check any conditions you are currently experiencing, or if you have had within the last year

any contagious disease	☐	hematomas	☐	pregnancy	☐	fractures	☐
diverticulitis	☐	herpes	☐	skin issue	☐	arthritis	☐
heart problems	☐	glasses	☐	cancer	☐	whiplash	☐
high blood pressure	☐	insomnia	☐	headache	☐	phlebitis	☐
varicose veins	☐	constipation	☐	other	_____		

I understand that the services offered are not a substitution for medical care and that any information provided by the therapist is for educational purposes only and is not diagnostically prescriptive in nature. The above information is true and accurate and I will communicate to the therapist in the future if any information changes occur.

Client Signature _____

Our massage therapist are not on location and come in for just for your appointment. Please call our office at 678-638-0898 if an emergency arises or if you are unable to keep this appointment. We are concerned about you and your health. We value and respect your time please respect ours. We reserve the right to charge for appointments canceled or broken without 24 hours advance notice.