



Omni Massage of Connecticut

Health History and Registration

Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

City, State _____

Zip: _____

Email Address: _____

Date of Birth: _____ Occupation: _____

How did you hear about Omni Massage?: _____

What is the reason for this appointment?: _____

Please circle "Yes" or "No" for each question:

Is this your first massage? Yes No

Are you feeling well today? Yes No

Have you had any major surgery? Yes No If so, for what and when?

Have you been in an accident? ___ Major Car Accident ___ Minor Car Accident
 ___ Work Injury ___ Serious Fall

If so, when? _____

Are you pregnant? Yes No If so, when is your due date? _____

Please check if you have any allergies or reactions to:

___ Medications or foods used in skin products (menthol, nuts, etc.)

___ Environmental allergens (dust, pollen, etc.)

___ Fragrances (essential oils, incense, etc.)

Please list any areas of the body where you are currently experiencing pain or discomfort, acute or chronic pain.

If you have pain it is: Sharp Dull Consistent Radiating Mild Moderate Moderate/Severe Severe Intolerable Intermittent

Since it began it is: The Same Getting Better Getting Worse Variable

What makes it better? _____ Worse? _____

Please check any conditions that apply to you, either past or present:

Broken Bones

Epilepsy/Seizure Disorder

Neuropathy/ Numbness Tingling

Varicose Veins

Jaw/TMJ Problems

Phlebitis

Depression/Anxiety

Hepatitis

Memory Trouble

Diabetes

Fatigue

High/Low Blood Pressure

Headaches/ Migraines

Breast Implants

Sleeping Problems

Skin Condition

Arthritis/ Joint Pain

Hemophilia /Bruise Easily

Osteoporosis

Recent Eye Surgery

Heart, Lung, Stomach, or Intestinal Problems

Stroke/Blood Clots

Head or Brain Surgery

Fibromyalgia

Athletic Performance or Training Issues

Pacemaker/ Defibrillator

Problems with Nervous System (Brain, Spinal Cord)

Visual/ Auditory Problems

If you wish to provide more information on any of the above, please do so here:

Please list the names and reasons for any medications you are currently taking:

Massage Therapy is the manipulation of soft tissue. This modality can regularly be used to increase local circulation, improve the functions of muscles and joints, relieve stress, and promote deep relaxation. As Licensed Massage Therapists, we cannot diagnose or prescribe any treatment for any mental or physical illness or disease. As the client, I understand that I must alert the therapist if I have any sort of discomfort, either emotional or physical, during the massage session. I affirm that I have answered all questions pertaining to my medical history truthfully.

Client Signature: _____ Date: _____

Omni Massage of CT Cancellation Policy

Clients will be charged a fee of \$40 for rescheduling or canceling appointments with less than 24 hours notice, no exceptions. If the client does not give any notice (no call/no show), they will be charged the full amount (100%) of the session. Any fees will be charged to the credit card on file or payed at the time of the next service. Payment of these fees is required before receiving another service.

If a prepaid session is cancelled with less than 24 hours notice, the client will be charged a \$40 cancellation fee and be allowed to keep their prepaid credit. If the client does not give any notice (no call/no show) the prepaid session credit will be considered redeemed/used.

If you need to cancel your appointment, please call [the office](tel:860-770-0954) at 860-770-0954. If we don't answer, leave your information in a voice mail. Sorry, cancellations made via email are not accepted.

Name: _____

Signature: _____

Date: _____