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Brief Massage History Questionnaire

Please complete this brief questionnaire so that I may better understand your history regarding massage. If patient is a minor, please have legal guardian complete and sign. This will enable the massage to be more effective. **All information is kept in strict confidence. Thank you.**

Name _____ Date _____ DOB _____ Phone _____ - _____ C W H

Address _____ City _____ State _____ Zip _____

email _____ How did you hear about me? _____

Emergency contact and phone _____

Y N Have you had a professional massage before?

Y N Are you taking any drugs or medications? (If yes, explain here.)

Y N Are you currently under the care of a health care practitioner?

Health Care Practitioner Name _____ email _____ Phone _____ C W H

Reason for Tx _____

Y N Do you have an area or areas of the body that need special attention? (Where?) _____

Y N Regions of your body that you do not want massaged? (Where?) _____

What, if anything, makes your symptoms better? _____

What, if anything, makes your symptoms worse? _____

What are your goals for your massage session today? _____

Have you experienced any of the following? (one check if ever experienced, two checks if currently an issue)

_____ circulation problems	_____ broken bones (recent?)	_____ pregnancy # _____ live birth(s) #
_____ heart disease	_____ osteoporosis	_____ anxiety
_____ high (or low) BP	_____ skin allergies/ sensitivities	_____ history of abuse
_____ varicose veins	_____ recent illness/injury	_____ depression
_____ lack of feeling in parts of body (Where?) _____		
_____ contagious disease(s)		_____ mental/emotional diagnosis
_____ joint swelling/inflammation	_____ migraines	_____ trouble sleeping
_____ open cuts/sores	_____ headaches	_____ cancer
_____ diabetes	_____ arthritis	_____ chemotherapy
_____ seizures	_____ lymph node removal	_____ radiation
_____ other		

The purpose of massage is to maintain good health and physical condition. I understand that LMT's may not diagnose or treat disease and that massage should not take the place of a doctor's care. Either the LMT or the patient may terminate the session should either be experiencing discomfort during the massage. Discomfort may include (but is not limited to) physical pain, sexually suggestive behavior or personal remarks or requests. Payment is due at the time of the appointment and 24 hour notice is required to avoid a no show fee / payment for a missed session. My initials signify that I understand and agree to abide by these policies and procedures.

Initial here _____