



M A S S A G E

MOBILE MASSAGE · CAIRNS & NORTHERN BEACHES

Client health & preference form

Your details

NAME

TODAY'S DATE

Health history

Please tick anything that currently applies to you:

- | | |
|--|--|
| ☐ Heart condition / high or low blood pressure | ☐ Recent surgery or injury (last 6 months) |
| ☐ Scoliosis | ☐ Pregnant |
| ☐ Epilepsy or seizures | ☐ Skin conditions, rashes, or open wounds |
| ☐ Cancer (current or recent history) | ☐ Currently unwell or have an infectious/contagious condition |
| ☐ Blood clotting issues, DVT, or varicose veins | ☐ Other |

If you ticked any of the above, briefly tell me what I should know:

MEDICATIONS

Current medications, especially blood thinners

ALLERGIES

Skin, oils, or otherwise — a nut-free unscented oil is always available

Session preferences

Areas you'd like me to focus on

Areas you'd rather I don't massage

Areas to go gently on

PETS IN THE HOME?

MUSIC PREFERENCE

Anything else worth knowing before your session

Consent

By signing below, you confirm the information provided is accurate to the best of your knowledge, and understand that massage is not a substitute for medical care. Please let me know of any changes to your health before future sessions.

SIGNATURE

DATE