

1. Are you currently under medical supervision?  Yes  No

If yes, please explain:

2. Please list any medications or supplements you are currently taking (i.e. anti-inflammatory, steroids, herbal intake, etc.):

3. Please list any surgeries (i.e. pacemaker, breast implants, hip replacement, etc.):

4. Is there anything else about your health history that you think would be helpful for your massage therapist to know to plan a safe and effective massage session for you (i.e. numbness or tingling, rash, skin sensitivity, current infection, allergies, etc.)

5. Is there any particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?  Yes  No

If yes, please explain:

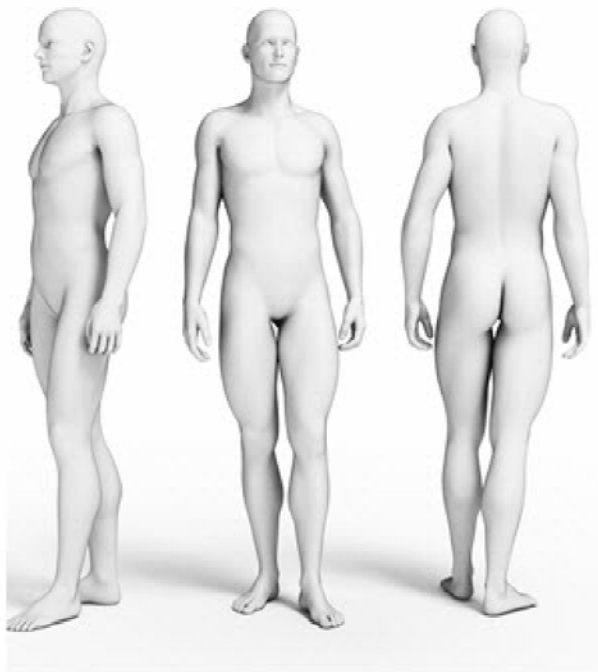


INTEGRATIVE  
WELLNESS  
CENTER

**CIHW - THERAPEUTIC  
MESSAGE  
NEW PATIENT  
QUESTIONNAIRE**



6. Circle any specific areas you would like the massage therapist **to concentrate on** during the session:



7. Place an X on any specific areas you would like the massage therapist **to AVOID** during the session:

