

Staci Carsten Massage Therapy  
Licensed Massage Therapist #13403  
Bend, OR 97701

Cell: 541-280-3649

Welcome. I want your appointment to be as pleasant, comfortable and relaxing as possible. If at any time you have any questions regarding your massage please feel free to ask.

**Confidential Information**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Referred By \_\_\_\_\_

Have you ever received massage therapy? Yes \_\_\_ No \_\_\_

Are you taking any medication? If yes, please list \_\_\_\_\_

Have you been in a motor vehicle accident or any other accident where you have sustained an injury requiring medical attention? Yes \_\_\_ No \_\_\_

If yes, please describe and list therapies used to rehabilitate \_\_\_\_\_

Are you pregnant? \_\_\_ Complications? \_\_\_\_\_

Do you have any of the following today? Fever \_\_\_ Cold/Flu \_\_\_

Poison Ivy \_\_\_ Headache \_\_\_ Irritated Skin Rash \_\_\_ Severe Pain \_\_\_

Open Cuts, Bruises \_\_\_ Inflammation \_\_\_

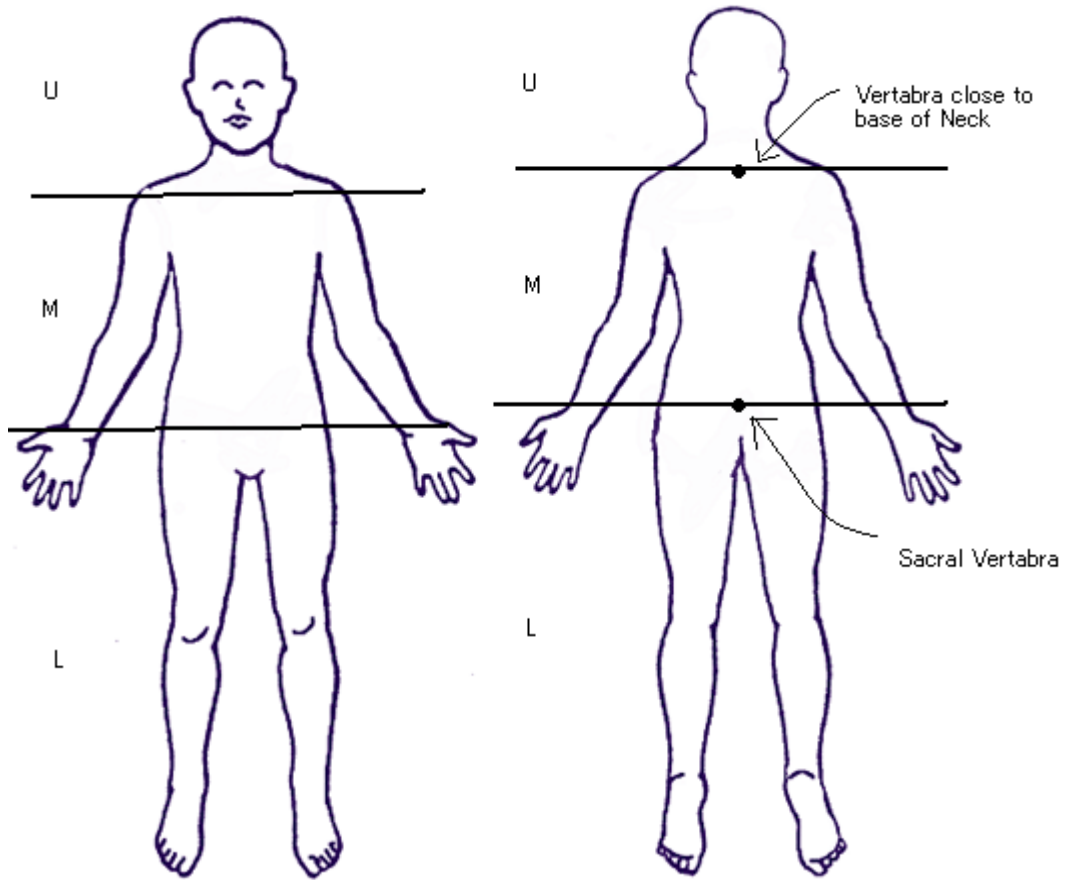
Any Allergies? \_\_\_\_\_

Do you exercise? What do you do and how often? \_\_\_\_\_

Have you consumed alcohol in the last 24 hours? \_\_\_\_\_

What are your goals for this appointment? \_\_\_\_\_

On the back please mark which areas of your body are needing attention.



**Please Read and sign below:**

I understand that massage is not a replacement for medical care and no diagnosis shall be made.

I understand the therapist **will not** engage in any discussion or conduct of a sexual nature at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_