



Subtle Energy Massage Center
207 E. Reynolds Rd., Ste. 260
Lexington, KY 40517
SubtleEnergyMassage.com
(859) 272-0577

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home _____ Cell _____
E-mail: _____
Age: _____ DOB: _____ Occupation: _____
Male Female

Emergency Contact: Name _____ Phone _____
Who may I thank for your visit today? _____

Present symptoms (*reason for visit*): _____
Are you under the care of a Physician, Chiropractor or Physical Therapist? Yes No
If so, for what condition? _____

Have you ever experienced a professional massage or bodywork session? Yes No
If so, how recently? _____

What kind of pressure do you prefer? Light Medium Firm

PLEASE CIRCLE ANY OF THE FOLLOWING IF THEY APPLY TO YOU:

Sinus Trouble	Fibromyalgia	Fainting	Depression
Loss of smell/taste	Asthma	Loss of Balance	Contagious Disease
Touch Deprivation	Dizziness	Loss of Memory	Diabetes
Allergies	Recent Injury	Ringing in Ears	Cancer
Headaches	Recent Surgery	Contacts	Pregnant
Anemia	Arthritis	Emotional Trauma	TMJ
High Blood Pressure	Painful Joints	Constipation	Menopausal
Low Blood Pressure	Swollen Joints	Indigestion	Thyroid Problems
Varicose Veins	Numbness	Nervousness	Skin Infection
Blood Clots	Tingling	Inner Tension	Prostate Problems
Heart Problems	Back Pain	Irritability	Other: _____
Stroke	Disc Problems	Fatigue	

Do you have tension or soreness in a specific area? Yes No
Please specify: _____

Are you taking any medication I should know about? Yes No
Please specify: _____

Have you ever had surgery or any injuries in the past 2 years? Yes No
Please specify: _____

CANCELLATION POLICY: When you schedule an appointment, time is reserved exclusively for you. If you must cancel your appointment, a **24 HOUR NOTICE** is required in order to not be charged for the appointment.

Signature _____ Date _____