

# Journey Studios, LLC

su nimon, licensed massage therapist  
in the 2nd April galerie studios  
324 cleveland ave nw, suite 203  
downtown canton OH 44708  
ph 330-232-1888

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (indicate home, work or cell) \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Describe any surgeries or injuries you do not feel fully recovered from: \_\_\_\_\_

Do you have any chronic pain you deal with on a regular basis? \_\_\_\_\_

Are you receiving any type of medical treatment? \_\_\_\_\_ Explain \_\_\_\_\_

Please list medications taken regularly \_\_\_\_\_

**Please check ✓ any of the following conditions you are experiencing now or have experienced in the past 5 years.**

## Musculoskeletal

- Fibromyalgia
- Spasms/ Cramps (chronic)
- Osteoporosis
- Gout
- Arthritis
- TMJ / jaw pain
- Bursitis
- Plantar Fasciitis
- Tendonitis
- Whiplash Syndrome
- Carpal Tunnel Syndrome
- Sciatica
- Thoracic Outlet Syndrome
- Chronic Headaches
- Leg Pain (recurring)
- Arm / Shoulder Pain (recurring)
- Low Back Pain
- Mid Back Pain
- Hip Pain
- Lupus
- Other

## Respiratory

- Asthma
- Trouble Breathing
- Sinus Problems
- Dizziness
- Other

## Circulatory

- Hemophilia
- Hypertension
- Low Blood Pressure
- Raynaud's Disease
- Varicose Veins
- Heart Condition
- Blood Clots / Phlebitis
- Lymphedema
- Other

## Nervous System

- ALS
- Parkinson's Disease
- Bell's Palsy
- Neuritis
- Spinal Cord Injury
- Stroke
- Trigeminal Neuralgia
- Seizure Disorders
- Numbness/Tingling (unexplained)
- Herpes/ shingles
- Other

## Skin

- Fungal Infections / Acne
- Impetigo
- Dermatitis / Eczema
- Psoriasis
- Wound that wouldn't heal
- Rashes (unexplained)
- Warts/Moles
- Athlete's Foot
- Allergies, especially topical
- Other

## Other

- Anxiety/ Panic Attacks
- Diabetes
- Cancer/Tumors
- Substance Abuse
- HIV / AIDS
- Lupus
- Kidney Disease
- Liver Disease
- Postoperative Problems
- Edema
- Bruise Easily
- Any infectious diseases now

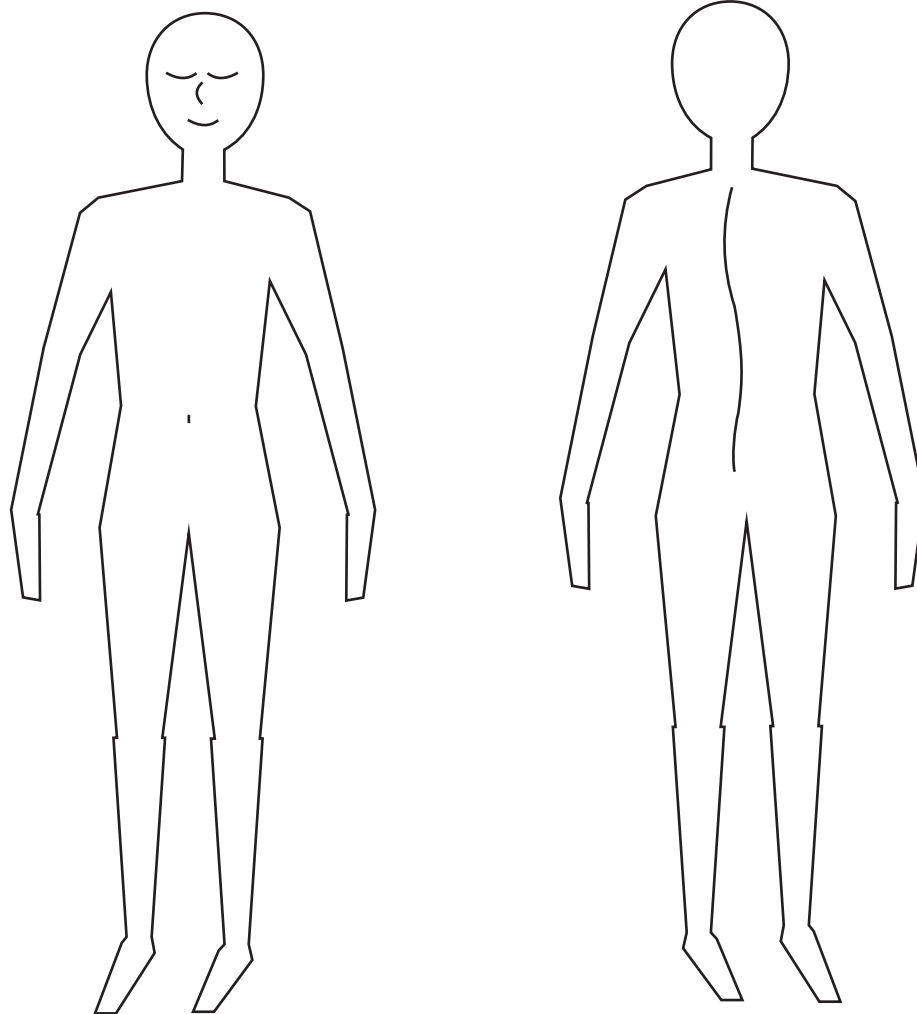
Pregnant Due \_\_\_\_\_

please explain any Other conditions on back

**Turn over to complete and sign**

Please explain any other conditions or issues \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mark your areas of pain on the diagrams**



I understand that the massage I receive is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. If I experience any pain during this session, I will immediately inform the therapist so that the work can be adjusted to my level of comfort. I further understand that massage/bodywork should not be used as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of.

Because massage can be harmful under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly I agree to keep the therapist updated as to any changes in my medical profile, and understand that there shall be no liability on the therapist's part should I forget to do so.

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

Print Name \_\_\_\_\_