402 Park Road, West Hartford, CT 06119 ● info@shadowandtrees.com ● (860) 841-7485
Matt DeMichele, Licensed Massage Therapist
CT License #: 005135

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______________________________ ________________________
Name Birth Date

____
Address (Number, Street Name, Apt. #, Town/City, State, Zip Code)

_______________________________ ____________________ _________________________
Home Phone Number Work Phone Number Cell Phone Number

How did you hear about us?___________________ E-mail Address___________________________

Primary reason for appointment. (include areas of pain or tension):
____
____
____

What medications do you take?
____

Any surgeries within the past 5 years and/or any acute injury or trauma? (Please list dates)
____
____

Any type of breast or prostate cancer surgery? ☐ Yes ☐ No If yes, what kind and when?_________________
Any chemotherapy? ☐ Yes ☐ No Radiation? ☐ Yes ☐ No When?
____
Have you had one or more lymph nodes removed? ☐ Yes ☐ No
Where? ____

List any doctors you see along with their phone number(s). May we contact them? ☐ Yes ☐ No
____

List any therapies you are currently receiving.
____
____

Are you currently or are you trying to become pregnant? ☐ Yes ☐ No Contact Lenses? ☐ Yes ☐ No
Dentures? ☐ Yes ☐ No Do you exercise regularly? ☐ Yes ☐ No Participate in sports? ☐ Yes ☐ No

Have you had a professional massage before? ☐ Yes ☐ No What kind and when?
____

Please check all that apply.

______ Spinal Problems:
- ______ bulging or herniated discs
- ______ numbing or tingling
- ______ scoliosis

______ Cardiovascular/ Circulatory Problems
- ______ high/low blood pressure
- ______ heart surgery
- ______ varicose veins
- ______ blood clots

______ sinus trouble
______ whiplash
______ seizures
______ painful/swollen joints
______ chronic fatigue
______ fibromyalgia
______ headaches/ migraines
______ skin problems/ allergies
______ arthritis

Date: ______________________________

Please read and sign

I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular discomfort and for increasing blood, lymph and energy circulation. I further understand the massage therapist does not diagnose illness, disease, or any other physical disorder. As such, the massage therapist does not prescribe medical treatment or medication(s) and does not perform spinal manipulation. It has been made clear to me that massage therapy is not a substitute for medical examination or diagnosis. I have, to the best of my knowledge, stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

I understand that if I cancel and appointment without at least 24 hours advanced notice, a charge may be made.

Signature ____ Date ___________________________