

2. Detail your prior experience with massage, whether through receiving, training, reading, etc.

3. Describe your personal and professional goals and how this program can help you achieve them.

4. What qualities, skills, and values do you consider important for a bodywork and massage professional?

HEALTH EVALUATION

This questionnaire will remain strictly confidential and for the sole use of the administrative staff to assess your needs and consult with you appropriately.

1. List any medications taken regularly.

2. Do you have any physical limitations? Describe.

3. Are you presently receiving treatment for any reason? Describe.

4. Do you have any allergies? Describe.

5. Any other illness, surgery, or injury? Describe.

6. Who is your primary health care provider _____

Phone _____

Your signature below indicates that the above information is complete and true to the best of your knowledge.

Signature

Date