



CHAT N RELAX COUNSELING & CONSULTATION, LLC ®
 984 Route 9, Suite 3, Parlin, NJ 08859
 (P) 201-675-1083 (F) 877-662-1888
Massage & Bodywork Therapy
ASSESSMENT

Name: _____ DOB: ___/___/___ Age: _____

Address: _____

Phone: _____

Height: _____ Weight: _____ Occupation: _____

Emergency Contact & Phone Number: _____

Referred by: _____

Type of Massage Service Request: **FULL BODY: SWEDISH** ___ / **DEEP TISSUE** ___
LOCAL/CONCENTRATED MASSAGE ___
 Area of Body: _____
SPORTS MASSAGE & BODYWORK ___
CUSTOMIZED MASSAGE & BODYWORK ___
 Areas of Body: _____

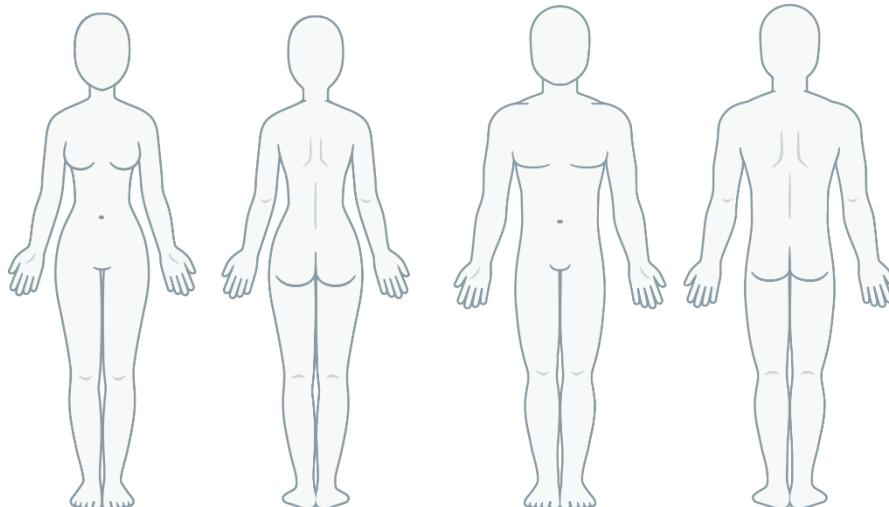
Purpose or goal of massage/bodywork today: _____

Any area you **DO NOT** want worked on today: _____

Have you had a professional massage before? Y or N

Preference of pressure: ___ Light ___ Medium ___ Firm

Please indicate on the body chart areas you are feeling tension and/or pain.





CHAT N RELAX COUNSELING & CONSULTATION, LLC ®
 984 Route 9, Suite 3, Parlin, NJ 08859
 (P) 201-675-1083 (F) 877-662-1888
Massage & Bodywork Therapy
ASSESSMENT

Please check if you had a medical history with any of the following:

- Allergies
- Arthritis
- Broken Bones
- Cancer /If yes, Type: _____
- Cardiac
- Chronic Pain /If yes, where? _____
- Circulatory Issues/Problems
- Diabetes
- Headaches
- High Blood Pressure (Hypertension)
- Lymph Nodes Removal / If yes, how many & where? _____
- Motor Vehicle Accident: When? _____
- Numbness
- Skin Condition / Eczema / Psoriasis (Please circle condition) or Other: _____
- Spinal
- Surgery: Type: _____
- Varicose Veins
- Other:

Are you pregnant? Y or N; N/A

Are you taking any blood thinners? Y or N

Is there anything else I should know before your service today?

By signing below, I understand that I am voluntarily receiving massage and/or bodywork services. I answered all questions on this assessment truthfully and to the best of my knowledge. I am aware that I may request to stop the massage and/or bodywork service at any time. If I experience any pain or discomfort from service, I will immediately inform DaRon Stephens, LPC, LCADC, LMT and acknowledge the session may conclude early depending on my pain or discomfort. I understand that I may undress to my comfort level and also understand that some massage and/or bodywork may not be performed due to medical and/or acute conditions.

 Signature

 Date

 Print

 DaRon Stephens, LPC, LCADC, LMT