

Injury/Condition Questionnaire

If you are seeking massage due to a recent injury or condition, please fill out the following:

1. If this is an injury, when did it take place?
2. Describe the injury and how it happened:

3. Is there any swelling?
4. If this is a condition that developed over time, is there an activity you suspect of causing it?

5. Are there any positions, activities or movements that are restricted or cause pain? If so, describe the pain.

6. What positions or movements make it worse?

7. What positions or movements make it better?

5. Are you being referred for treatment by another health practitioner?

7. What diagnostic tests have been performed?

8. What types of treatment have you received?

9. List any that had good results:
10. What do you hope to achieve with massage?