

Injury/Condition Questionnaire

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

1. Is this is a traumatic injury, or a condition that developed over time?
2. Describe the injury/condition and when/how it happened:
3. Is there any restriction in Range of Motion with particular positions, activities or movements?
4. If there is pain, how would you describe it?
5. What positions or movements make the pain worse?
6. What positions or movements relieve the pain?
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?