



# Omni Massage of Connecticut

## Health History and Registration

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

City, State \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about Omni Massage?: \_\_\_\_\_

What is the reason for this appointment?: \_\_\_\_\_

Please circle "Yes" or "No" for each question:

Is this your first massage? Yes No

Are you feeling well today? Yes No

Have you had any major surgery? Yes No If so, for what and when?

\_\_\_\_\_  
\_\_\_\_\_

Have you been in an accident? \_\_\_\_\_ Major Car Accident \_\_\_\_\_ Minor Car Accident  
\_\_\_\_\_ Work Injury \_\_\_\_\_ Serious Fall

If so, when? \_\_\_\_\_

Are you pregnant? Yes No If so, when is your due date? \_\_\_\_\_

Please check if you have any allergies or reactions to:

\_\_\_\_ Medications or foods used in skin products (menthol, nuts, etc.)

\_\_\_\_ Environmental allergens (dust, pollen, etc.)

\_\_\_\_ Fragrances (essential oils, incense, etc.)

Please list any areas of the body where you are currently experiencing pain or discomfort, acute or chronic pain.

---

If you have pain it is: ☐ Sharp ☐ Dull ☐ Consistent ☐ Radiating ☐ Mild ☐ Moderate ☐ Moderate/Severe ☐ Severe ☐ Intolerable ☐ Intermittent

Since it began it is: ☐ The Same ☐ Getting Better ☐ Getting Worse ☐ Variable

What makes it better? \_\_\_\_\_ Worse? \_\_\_\_\_

Please check any conditions that apply to you, either past or present:

- |  |  |
|--|--|
| <input type="checkbox"/> Broken Bones                                      | <input type="checkbox"/> Epilepsy/Seizure Disorder |
| <input type="checkbox"/> Neuropathy/ Numbness Tingling                     | <input type="checkbox"/> Varicose Veins            |
| <input type="checkbox"/> Jaw/TMJ Problems                                  | <input type="checkbox"/> Phlebitis                 |
| <input type="checkbox"/> Depression/Anxiety                                | <input type="checkbox"/> Hepatitis                 |
| <input type="checkbox"/> Memory Trouble                                    | <input type="checkbox"/> Diabetes                  |
| <input type="checkbox"/> Fatigue   | <input type="checkbox"/> High/Low Blood Pressure   |
| <input type="checkbox"/> Headaches/ Migraines                              | <input type="checkbox"/> Breast Implants           |
| <input type="checkbox"/> Sleeping Problems                                 | <input type="checkbox"/> Skin Condition            |
| <input type="checkbox"/> Arthritis/ Joint Pain                             | <input type="checkbox"/> Hemophilia /Bruise Easily |
| <input type="checkbox"/> Osteoporosis                                      | <input type="checkbox"/> Recent Eye Surgery        |
| <input type="checkbox"/> Heart, Lung, Stomach, or Intestinal Problems      | <input type="checkbox"/> Stroke/Blood Clots        |
| <input type="checkbox"/> Head or Brain Surgery                             | <input type="checkbox"/> Fibromyalgia              |
| <input type="checkbox"/> Athletic Performance or Training Issues           | <input type="checkbox"/> Pacemaker/ Defibrillator  |
| <input type="checkbox"/> Problems with Nervous System (Brain, Spinal Cord) | <input type="checkbox"/> Visual/ Auditory Problems |

If you wish to provide more information on any of the above, please do so here:

---

---

Please list the names and reasons for any medications you are currently taking:

---

---

Massage Therapy is the manipulation of soft tissue. This modality can regularly be used to increase local circulation, improve the functions of muscles and joints, relieve stress, and promote deep relaxation. As Licensed Massage Therapists, we cannot diagnose or prescribe any treatment for any mental or physical illness or disease. As the client, I understand that I must alert the therapist if I have any sort of discomfort, either emotional or physical, during the massage session. I affirm that I have answered all questions pertaining to my medical history truthfully.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Omni Massage of CT Cancellation Policy

Clients will be charged a fee of \$40 for rescheduling or canceling appointments with less than 24 hours notice, no exceptions. If the client does not give any notice (no call/no show), they will be charged the full amount (100%) of the session. Any fees will be charged to the credit card on file or paid at the time of the next service. Payment of these fees is required before receiving another service.

If a prepaid session is cancelled with less than 24 hours notice, the client will be charged a \$40 cancellation fee and be allowed to keep their prepaid credit. If the client does not give any notice (no call/no show) the prepaid session credit will be considered redeemed/used.

If you need to cancel your appointment, please call [the office](tel:860-770-0954) at 860-770-0954. If we don't answer, leave your information in a voice mail. Sorry, cancellations made via email are not accepted.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_