Utopia Therapeutic II
Natural Healing Arts & Wellness
Sine 1994

Personal Information:
(please print)

NAME:_____D.O.B_____
ADRESS:_____
CITY:_____STATE:_____ZIP:_____ PHONE(day)_____
MOBILE #:_____EMAIL:_____
SURGEON/ DR. NAME:_____SURGERY DATE :_____REFERRED BY:_____

PLEASE CHECK ANY OF THE FOLLOWING CONDITIONS THAT APPLY TO YOU

__ Acne/Blemishes
__Asthma
__Allergies
__Arthritis
__Cancer
__Chronic Pain
__Chronic Fatigue Syndrome
__Diabetes
__Implants
__Joint Replacements (Knee/hip)
__Depression
__Fatigue
__Fibromyalgia
__Flu-like Symptoms/ Viral Inf.
__Food Intolerance
__Gastrointestinal Irregularities
__Headaches
__High/Low Blood Pressure
__Numbness
__ Blood Clots
__PMS/Hormonal Imbalance
__Heart Ailments
__Insomnia
__Lupus
__Pregnancy
__Sore Muscle/Joint Pain
__Skin Disorders
__Varicose Veins
__Neuropathy
__Sprains/Strains
__Other, please specify_____

MASSAGE TREATMENT INFORMATION

What type of massage are you seeking for today? Are You sensitive to any Fragrances? __YES __NO

☐ RELAXATION
☐ ENERGY BALANCING (Cranial Sacral-REIKI-)
☐ LYMPHATIC DRAINAGE (Light Touch)
☐ THERAPEUTIC (Athletic Performance Massage)
☐ TMJ/FACIAL LYMPH DRAINAGE
☐ PREGNANCY (upon Dr. approval)
☐ REFLEXOLOGY (Hand/Feet)

PLEASE INDICATE WHAT YOUR AVERAGE IS OF

	NONE	LIGHT	MODERATE	HEAVY
SALT	____	____	____	____
SUGAR	____	____	____	____
ARTIFICIAL (Sugars)	____	____	____	____
CAFFEINE	____	____	____	____
EXERCISE	____	____	____	____
SODA/DIET	____	_____	____	____
TOBACCO	____	_____	____	____
ALCOHOL	____	_____	____	____
WATER	____	_____	____	_____

LIST CURRENT SURGERIES:
_____
_____
MEDICATIONS/ SUPPLEMENTS/ ANY KNOWN ALLERGY:
_____
_____

By signing below you agree to the following:
I understand this massage treatment is not a replacement for medical care and NO diagnosis is made.
I understand that by signing I am in agreement with UTOPIA THERAPEUTIC II cancellation policy and disclaimer notice. I have informed my therapist to the best of my ability and knowledge that all of the above information is true and I will inform of any information changes at any time.

SIGNATURE:_____ DATE:_____