

# Screening Questionnaire



Name \_\_\_\_\_ Date \_\_\_\_\_

Home ( \_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_ ) \_\_\_\_\_

Best time(s) to call \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work hours \_\_\_\_\_

How did you hear about me? Who referred you? \_\_\_\_\_

Reason for calling/Purposes of Massage (relaxation/addressing an injury) \_\_\_\_\_

Description of injury \_\_\_\_\_

Contraindications \_\_\_\_\_

Is this a gift? Will anyone else be attending? \_\_\_\_\_

Have you previously had a massage? YES NO If so, by who? \_\_\_\_\_

When? \_\_\_\_\_ Frequency? \_\_\_\_\_ Modality used? \_\_\_\_\_

Expectations \_\_\_\_\_

## Communication checklist with client:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Non-sexual/draping     | <input type="checkbox"/> Clothing/shiatsu                  | <input type="checkbox"/> Special needs/other _____ |
| <input type="checkbox"/> Food, drugs, alcohol   | <input type="checkbox"/> Confidentiality _____             |  |
| <input type="checkbox"/> Oils/lotions/allergies | <input type="checkbox"/> Cancellation/no-show policy _____ |  |
| <input type="checkbox"/> Sanitation             | <input type="checkbox"/> Late arrival policy _____         |  |
| <input type="checkbox"/> Fees/payment           | <input type="checkbox"/> Work setting                      | <input type="checkbox"/> Sent packet on _____      |

What questions or concerns might you have? \_\_\_\_\_

If outcall, directions, parking, or special instructions? \_\_\_\_\_

Notes \_\_\_\_\_