

# 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 whom? \_\_\_\_\_

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

Expectations \_\_\_\_\_

### Communication checklist with client:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Nonsexual/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, are there directions, parking, or special instructions? \_\_\_\_\_  
\_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_