

First Visit Personal Information

- **Name and Surname:**
- **Date of Birth:**
- **Address:**
- **Phone Number:**
- **Email:**
- **Preferred contact method:** Phone Email WhatsApp

Health Information

- **Do you have any medical conditions or diagnoses?**
 No Yes → Please describe:
- **Are you currently under medical treatment?**
 No Yes → Which type?
- **Surgeries or major injuries (past or recent):**
- **Allergies (oils, creams, scents, latex, etc.):**
- **Are you pregnant or trying to become pregnant?**
 No Yes → How many weeks?
- **Body & Wellness Information**
- **Main reason for your visit / What would you like to focus on ?**
- **Where do you feel tension, pain, or discomfort?**
(Back, neck, shoulders, legs, feet, head, abdomen...)
- **Type of pressure preferred:**
 Light Medium Deep Not sure yet

Lifestyle Information

- **Physical activity level:**
 Low Moderate High
(Sports, yoga, gym, etc.)
- **Occupation:** (useful to understand posture patterns)
- **Sleep quality:**
 Good Fair Poor
- **Stress level:**
 Low Medium High

Preference for silence / conversation during treatment:

- Silence Occasional talk No preference

Consent

I understand that massage therapy is not a substitute for medical treatment, asking your doctor if you have problems like cancer, heart disease, or other health issue is the best thing to do, and inform the therapist of any changes in my health.

- **Signature:**

- **Date:**