

To help you have a better session...

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

email \_\_\_\_\_

Profession \_\_\_\_\_ Telephone \_\_\_\_\_

*(Your information is strictly confidential)*

Have you received massage before? \_\_\_\_\_ Regularly or occasional? \_\_\_\_\_

How is your relationship to water? Any hobbies in water, like swimming, diving, sailing?

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

Have you ever experienced any traumas in water, recent or past?

\_\_\_\_\_

Do you have any health conditions, injuries or sensitivities? \_\_\_\_\_

\_\_\_ seizures

\_\_\_ recent surgery

\_\_\_ diabetes

\_\_\_ open wounds/rashes

\_\_\_ any respiratory condition

\_\_\_ motion sickness/dizziness

\_\_\_ any heart condition

\_\_\_ infectious disease

\_\_\_ high or low blood pressure

\_\_\_ limited movement

Have you ever had any difficulties with your neck or back, such as whiplash or slipped discs?

\_\_\_\_\_

Are you in the care of a doctor or therapist? \_\_\_\_\_

Do you take medications? Drugs? \_\_\_\_\_

*Watsu is a form of aquatic bodywork and makes no claim to treat medically diagnosed conditions for which one would see a physician.*

*Following the session be sure to drink adequate water and allow time for rest.*

Signature \_\_\_\_\_ Date \_\_\_\_\_