

Sanctus and Massages by Janice
1372 Old Bridge Rd #102 Woodbridge VA 22192
www.massagsatsanctus.com
www.massagesbyjanice.com

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Date of Birth (MM/DD) _____

Person to contact in case of Emergency: _____ Phone _____

Email Address: _____

Lifestyle & Occupation

(1= poor / 5 = excellent)

Quality of Sleep	1	2	3	4	5
Energy Level	1	2	3	4	5
Exercise Habits	1	2	3	4	5
Fluid Intake	1	2	3	4	5

Current Stress Level Constant Moderate Mild None
How do you feel stress affects your health? Muscle Tension Anxiety Insomnia
 irritability Other _____

Please circle your average number of sleep per night: 8+ 7 6 5 4 3 or less

Do you wake during the night? Yes No

Do you feel rested in the morning? Yes No

Are you often tired in the afternoon? Yes No

Do you exercise? Yes No If yes, how often? _____

Type of exercise: _____ Other Actives: _____

Occupation: _____

How many hours do you work per week on average? _____

How do you spend most of your work day? Sitting Computer Work Standing
 Light Manual Labor Hard Manual Labor

Do you perform repetitive movement in your work, sport or hobby? Yes No

If yes, please describe: _____
