Studio Eudokia

Torkkelinkatu 21, 00530 Helsinki
info@studioeudokia.fi
www.studioeudokia.fi

Customer Information Form

Name : ______________________________ Date of birth : ____________________

Address : ____

Email : ____

Phone : ___________________________ Profession : ___________________________

Hobbies : ____

Surgeries / Injuries : ____

Allergies : ____

Mark X if you have these conditions

- ☐ Hemophilia
- ☐ Osteoporosis
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Diabetes
- ☐ Asthma
- ☐ Epilepsy
- ☐ Venous thrombosis where, when?

  ____

- ☐ Cancer where, when?

  ____

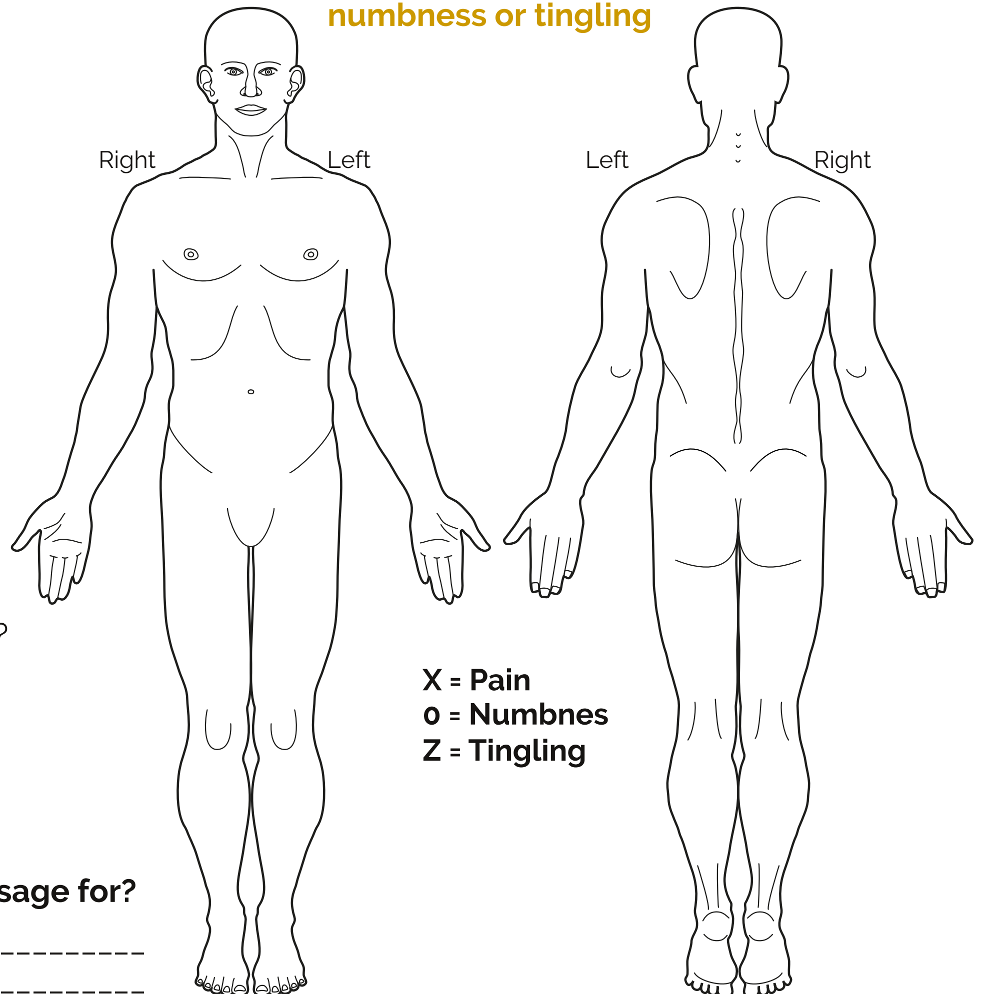
- ☐ Cardiovascular disease what, when?

  ____

- ☐ Something else which could affect massage?

  ____

Mark on the picture below if you have pain, numbness or tingling



What is the reason you came to massage for?

____

____

More Info :

____

____

Mark X if you would like to get information on therapies, special deals and events

☐ **by Email** ☐ **by SMS**

Signature : ______________________________ **Date :** ________________