MASSAGE THERAPY - CLIENT HEALTH HISTORY

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Alternate Phone #: _____

Male ____ Female ____

Emergency Contact: _____ Phone # _____

Referred By: _____ E-Mail: _____

Please take a moment to carefully read the following information. If you have a specific medical condition or symptoms, massage and/or bodywork may be contraindicated. In some cases, a referral from your primary care provider may be required prior to services being provided. Please indicate "yes" or "no" to the following:

☐ Yes ☐ No Have you ever experienced a professional massage or bodywork session? If yes, how often? _____

☐ Yes	☐ No	Frequent stress	☐ Yes	☐ No	Numbness or tingling anywhere
☐ Yes	☐ No	Frequent headaches	☐ Yes	☐ No	Stabbing pain anywhere
☐ Yes	☐ No	Back Pain	☐ Yes	☐ No	Sensitive to touch or pressure in any area
☐ Yes	☐ No	Diabetes	☐ Yes	☐ No	Do you bruise easily?
☐ Yes	☐ No	Arthritis	☐ Yes	☐ No	Are you wearing contact lenses?
☐ Yes	☐ No	High blood pressure	☐ Yes	☐ No	Are you wearing dentures?
☐ Yes	☐ No	Blood pressure medication	☐ Yes	☐ No	Are you feeling well today?
☐ Yes	☐ No	Cardiac or circulatory problems	☐ Yes	☐ No	Do you have tension or soreness in any particular area? Please specify: _____
☐ Yes	☐ No	Blood-thinning medication			
☐ Yes	☐ No	Epilepsy or seizures			
☐ Yes	☐ No	Joint swelling	☐ Yes	☐ No	Have you ever had surgery? Explain below.
☐ Yes	☐ No	Varicose veins			
☐ Yes	☐ No	Contagious diseases			
☐ Yes	☐ No	Osteoporosis	☐ Yes	☐ No	Do you have any other medical conditions, or are you taking any medications we should know about?
☐ Yes	☐ No	Allergies			
☐ Yes	☐ No	Injuries or accidents in the past two years			
☐ Yes	☐ No	Broken bones in the past two years			
☐ Yes	☐ No	Females Only: Pregnancy (# of weeks)			

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my comfort level. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment, and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjusments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of this session should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and that I will be liable for payment of the scheduled appointment. All appointments are pre-paid by check, cash or major credit card. ***A 24 hour cancellation notice is required*** *to avoid being charged for a scheduled session.* ***All Massage Packages are non refundable, but transferable, and Expire 6 months from the date of purchase.***

Comments/Explanations: _____

_____

Print Name: _____

Client Signature: _____

Date: _____

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