

CONFIDENTIAL CASE HISTORY

Date _____ Home Phone _____
 Name _____ Work Phone _____
 Address _____ City _____ State _____ Zip _____
 Date of birth _____ Age _____ M _____ F _____ Marital Status _____ #of children _____
 Occupation _____ Social Security #- _____
 Who is responsible for this account? _____ Referred by _____
 Emergency Contact _____ Phone _____

1. **PRESENT SYMPTOM:** What is your major complaint? _____

2. **MINOR COMPLAINTS** Other areas of pain or concern? _____

3. When did you first notice major complaint? _____
4. What brought it on? _____
5. What activities aggravate condition? _____
6. Is this condition getting progressively worse? Yes _____ No _____ Constant _____ Comes & goes _____
7. Is this condition interfering with your Work _____ Sleep _____ Daily Routine? _____
8. What do you believe is wrong with you? _____
9. What have you done to get relief? _____
10. Has there been a medical diagnosis? _____ If yes what was the diagnosis? _____
 By whom? _____ Address _____
 X-rays _____ Blood Work _____
 Treatment _____

PAST HISTORY

11. Have you had a similar problem before? _____ If yes when? _____
 What caused those episodes? _____ What relieved them? _____
 Did they disable you? _____ Prevent you from working? _____ Hospitalize you? _____
 What was previous diagnosis? _____ What were the treatments? _____
 _____ Did they help? _____
 Name of attending physician? _____ Address _____

Are you on any medications? _____ List them _____

Are you taking any of the following?

Laxatives _____ Sedatives _____
 Aspirins _____ Vitamins _____
 Sleeping pills _____ Minerals _____
 Insulin _____ Herbs _____

HABITS

Alcohol _____
 Coffee _____
 Tea _____

Heavy Moderate Light None

_____ _____ _____ _____
 _____ _____ _____ _____
 _____ _____ _____ _____

Have you ever Yes No Describe briefly

Had any operations? _____
 Broken any bones? _____
 Been in an accident? _____

Please check any symptoms that apply to you:

Headaches
Fatigue
Palpitation
Colitis
Heartburn
Poor appetite
Kidney Stone
Cramps
Spinal problems
Osteoporosis
Neck pain
Tension shoulders
Weakness
Poor coordination
Diarrhea
Sore throat/cough

Chills/Fever
Chest Pain
Swollen ankles
Blood Clots
Low blood sugar
Skin eruptions
Genital trouble
Excessive PMS
Lowerback pain
Cramps in, legs/arms
Limited use of limbs
Paralysis
Frequent colds
Fainting
Constipation
Cystic tumors

High Blood Pressure
Cold hands/feet
Hyperthyroid
Irritability
Ulcers
Sciatic pain
Pain between shoulders
Tension in neck
Numbness
Sinus trouble
Weight loss
Abdominal pain
Breathing difficulty
Rectal pain
Dizziness
Cancerous growth

Please take a moment to carefully read the following information and sign where indicated.

I understand that massage/bodywork I receive is provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner/therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage/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 therapists/bodyworkers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session(s) given should be construed as such.

Because massage/bodywork is contraindicated (should not be done) 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 therapist updated as to any changes in my medical profile, and understand that there shall be no liability on the therapist's part should I forget to do so.

It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the "full" scheduled appointment.

Signed: _____

Date: _____

NOTES: