Brief Health History Form

Date: _____

Name: _____ **DOB:** _____

Primary reason for massage? _____

_____

What are your current symptoms/complaints? _____

Have you had other therapies for the same symptoms/complaints? ☐ **Yes** ☐ **No**

If yes, please explain your experience, success, or lack of success:

_____

Have you had any surgery? ☐ **Yes** ☐ **No**

If yes, list surgeries and dates: _____

_____

_____

Do you have pain? ☐ **Yes** ☐ **No**

If yes, please explain: _____

_____

Do you have any loss of function or mobility? ☐ **Yes** ☐ **No**

If yes, please explain: _____

Do you currently suffer from (or have you had) any of the following?

☐ Asthma	☐ Hyperthyroidism	☐ Crohn's Disease
☐ Bronchitis	☐ Kidney failure	☐ Diverticulitis
☐ Difficulties breathing	☐ Diabetes	☐ Recent abdominal surgery
☐ Irregular heart beat	☐ Infections (cellulitis)	☐ Unexplained pain
☐ Heart edema	☐ Sleep apnea	☐ Deep venous thrombosis (blood clot)
☐ Hypertension	☐ Malignancy (cancer)	☐ Latex allergy
☐ Swelling (edema)	☐	☐

Do you have any allergies? If yes, please explain:
_____

Do you have any other medical problems not listed above? ☐ **Yes** ☐ **No**
If yes, please explain: _____

Are you taking any medication? ☐ **Yes** ☐ **No**
If yes, list medications here: _____

_____

_____

Informed Consent

▪ I have completed this form to the best of my knowledge and will inform my therapist of any change in my physical health.
▪ I understand that a licensed massage therapist can not diagnose illness, disease, or any medical, physical, or emotional disorder, nor perform any spinal manipulation. I am responsible for consulting a qualified physician or physical therapist for any physical ailments that I have.
▪ I understand that massage, craniosacral, and reflexology are therapeutic health aids and are non-sexual.
▪ I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized.
▪ I understand that the therapist has reserved my appointment time and paid rent in advance for this time. I agree to the following Cancellation Policy: I will be charged $50 if I cancel within 24 hours of my scheduled appointment. If I cancel within two hours of my appointment, or if I do not show up for my appointment, I will be charged the full cost of the appointment. Emergency and illness cancellations will be taken into consideration.

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