## **Medical History**

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

11. Are you currently under medical supervision? Yes No	
If yes, please explain	No. 16 year beautifue 0
	No If yes, how often?
13. Are you currently taking any medicati	
If yes, please list	
( ) contagious skin condition	( ) phlebitis
( ) open sores or wounds	( ) deep vein thrombosis/blood clots
( ) easy bruising	( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
( ) recent accident or injury	( ) osteoporosis
( ) recent fracture	( ) epilepsy
( ) recent surgery	( ) headaches/migraines
( ) artificial joint	( ) cancer
( ) sprains/strains	( ) diabetes
( ) current fever	( ) decreased sensation
( ) swollen glands	( ) back/neck problems
( ) allergies/sensitivity	( ) Fibromyalgia
( ) heart condition	( ) TMJ
( ) high or low blood pressure	( ) carpal tunnel syndrome
( ) circulatory disorder	( ) tennis elbow
( ) varicose veins	( ) pregnancy If yes, how many months?
( ) atherosclerosis	
Please explain any condition that you have marked above	
15. Is there anything else about your heal	th history that you think would be useful for your massage practitioner to
know to plan a safe and effective mo	assage session for you?
	only the area being worked on will be uncovered.
	ompanied by a parent or legal guardian during the entire session.
Informed written consent must be provided by parent or legal guardian for any client under the age of 17.	
l,	(print name) understand that the massage 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 therapist so that the pressure and/or strokes may be adjusted to my level of	
comfort. I further understand that massage 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 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 given should be construed as such. Because massage 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 therapist updated as to any changes in my medical profile and	
unaersiana inai inere snali be no liability	on the therapist's part should I fail to do so.
Signature of client	Date
signature of clieffi	Date
Signature of Massage Therepist	Date
signature of massage metapist	