Homeopathic Family Practice
Hannah Shalom DCHM (Hon) Homeopath

Pure, Simple and Amazing

Naomi Sung, RMT

Massage Therapy and Reflexology Health History Form

Name_____ Date of Birth _____

Email _____ Occupation _____

Address _____

Home phone _____ Work phone _____ Cell _____

Doctor _____ Address _____ Phone _____

Have you had massage therapy before? ☐ NO ☐ YES HOW OFTEN? _____

Have you had reflexology before? ☐ NO ☐ YES ON: ☐ FEET ☐ HANDS ☐ EAR ☐ FACE

What is your goal or expectation today? _____

If you were referred, by whom? _____

Are you under treatment by another health care professional? ☐ YES ☐ NO WHO? _____

If yes, reason for treatment? _____

Medical conditions? _____

Current medications or supplements _____

_____

Major illness or surgeries? _____

Scars? Where? _____

Accidents, falls or injuries? _____

Have you had any broken bones? Sprains? Pulled ligaments? Tears? _____

Please circle any joint problems: Toes, Feet, Ankles, Knees, Hips, Wrists, Hands, Fingers, Back, Neck, Shoulders, Elbows

Please describe any repetitive movements _____

Types of physical activity and frequency _____

Family history of illnesses, operations? _____

Are you allergic to any massage lotions or scents? _____

Check any that apply to you:	YES		YES
High or low blood pressure	☐	Arthritis	☐
Heart Attack or Stroke	☐	Diabetes	☐
Respiratory condition or asthma	☐	Headaches/migraines	☐
Infectious condition	☐	Epilepsy	☐
Vision or hearing loss/problems	☐	Cancer	☐
Artificial joints, plates, pins	☐	Skin condition	☐
Currently pregnant	☐	Loss of sensation	☐
PMS/Menopausal/Breast issues	☐	Decreased movement	☐
Location of tissue/joint discomfort	☐	Allergies	☐
Other_____			

The information requested above will assist in treating you safely. Feel free to ask any questions about the information being requested. Please note that all information provided will be kept confidentially unless allowed or required by law.

I agree to provide 24 hours notice to change or cancel future appointments or full charges will apply.

I understand that Naomi Sung, RMT, does not advise or diagnose clients under any circumstances.

Signature _____ Date _____