PERSONAL HEALTH HISTORY FOR THERAPEUTIC MASSAGE

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birth Date: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

I am currently seeing a: ☐ Physician ☐ Physical Therapist ☐ Naturopath
☐ Chiropractor ☐ Psychotherapist

Primary heath care person: _____

Medications: _____

Referred by: _____

Primary reason for appointment: _____

Have you every had a massage before? ☐ No ☐ Yes

Have you ever had surgery? ☐ No ☐ Yes Surgery: _____

Are you pregant? ☐ No ☐ Yes Due date: _____

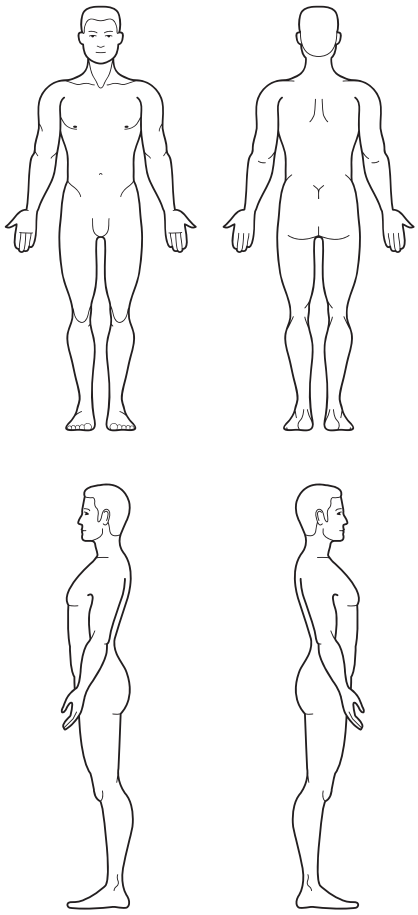
Do you exercise regularly? ☐ No ☐ Yes

How much do you drink per day? Water _____ Cola _____ Coffe or Tea _____

Do you have any other medical conditions? _____

_____

ON THE DIAGRAMS BELOW PLEASE CIRCLE YOUR AREAS OF CONCERN:



Do you currently have or in the past have you had any of the following? *Please check all that apply.*

- ☐ Contacts
- ☐ Dentures
- ☐ Skin Problems
- ☐ Allergies
- ☐ Acute Injury Recently
- ☐ Varicose Veins
- ☐ Bruise Easily
- ☐ Blook Clots
- ☐ Arthritis
- ☐ Tendonitis/Bursitis
- ☐ Heart Problems
- ☐ Back Problems
- ☐ Chronic Headaches
- ☐ Depression
- ☐ Blook Pressure Problems
- ☐ Diabetes
- ☐ Seizure/Convulsion
- ☐ Multiple Sclerosis
- ☐ Nerve Degeneration
- ☐ Cancer or Tumors
- ☐ Infectious Disease
- ☐ Veneral Disease
- ☐ Fibromyalgia
- ☐ Ulcers
- ☐ Osteoporosis
- ☐ Sciatica
- ☐ Headaches

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 the session, I will immediately inform the practioncer so the pressure strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for a medical examination, diagnosis or treatment and that I should see a physican, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practicioners 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. Becase 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 practicioner updated as to any changes in my medical profile and understand 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 the payment of the scheuduled appointment.

Client Signature: _____ Date: _____