



VETERAN HEALTH HISTORY

Name: _____

Date: _____

Massage Information

Have you ever received professional massage/bodywork before? Yes ☐ No ☐

How recently? _____

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork?

How do you feel today? _____

List the medications you currently take:

Are you currently on blood thinners? Yes ☐ No ☐ Do you have a history of blood clots? Yes ☐ No ☐Do you have a history of bleeding disorders, for example hemophilia, von Willebrands? Yes ☐ No ☐

--if Yes _____

Female Only

Are you pregnant? Yes ☐ No ☐Intrauterine Device? Yes ☐ No ☐

Please list and describe any injuries that have affected your activity level or caused you pain and discomfort and circle any areas of discomfort below.



Health History

Have you had any injuries or surgeries in the past that may influence today's treatment?

Circle any of the following health conditions that you currently have (If you are unsure, please ask):

blood clots, infections, congestive heart failure, contagious diseases, pitted edema

Please answer honestly, as massage may not be indicated for the above conditions.

Please indicate conditions that you have or have had in the past.

Condition	Detailed Explanation
Current Past Muscle or joint pain	
Current Past Muscle or joint stiffness	
Current Past Numbness or tingling	
Current Past Swelling	
Current Past Bruise easily	
Current Past Sensitive to touch/pressure	
Current Past High/Low blood pressure	
Current Past Stroke, heart attack	
Current Past Varicose veins	
Current Past Shortness of breath, asthma	
Current Past Cancer	
Current Past Neurological (e.g. MS, Parkinson's, chronic pain)	
Current Past Epilepsy, seizures	
Current Past Headaches, Migraines	
Current Past Dizziness, ringing in the ears	
Current Past Digestive conditions (e.g. Crohn's, IBS)	
Current Past Skin conditions (e.g. psoriasis, Koebner, keloids)	
Current Past Gas, bloating, constipation	
Current Past Kidney disease, infection	
Current Past Arthritis (e.g. rheumatoid, osteoarthritis)	
Current Past Osteoporosis, degenerative spine/disk	
Current Past Scoliosis	
Current Past Broken bones	
Current Past Allergies	
Current Past Diabetes	
Current Past Endocrine/thyroid conditions	
Current Past Depression, anxiety	
Current Past Memory Loss, confusion, easily overwhelmed	

Client Signature: _____ Date: _____