

Sans Souci Massage

Health History

Name: _____

Address (INCLUDE City, State, Zip): _____

Phone: Home: _____ Cell phone: _____

Email address: _____

Occupation: _____ DOB: _____

Physician: _____ Phone: _____

Medications or Herbs Taking Now: _____

Emergency Contact: _____ Phone: _____

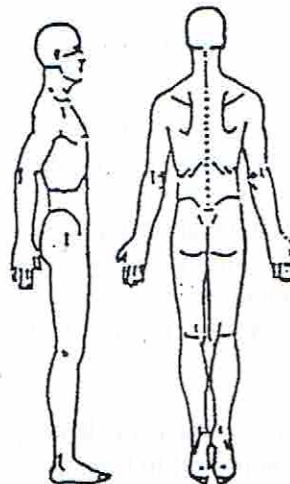
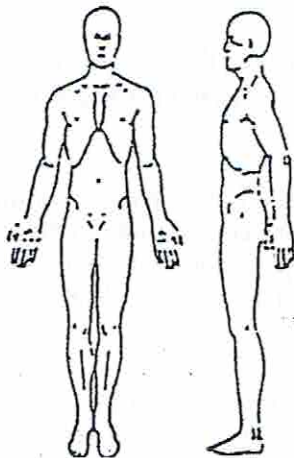
Primary Reason for Appointment: _____

How did you hear about us: _____

Please answer the following questions by circling the appropriate answer:

Have you ever had a professional massage before?	Yes	No
Do you wear contact lenses or dentures?	Yes	No
Do you exercise regularly or participate in any sports?	Yes	No
Are you sensitive to perfumes or scents?	Yes	No
Have you suffered any acute injuries?	Yes	No
Do you have any condition of which I should be aware of before the massage?	Yes	No

Please mark any areas of tension on the figures below.



Please check the following conditions that apply to you, past and present.

Musculoskeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains/sprains
- Back, hip pain
- Shoulder, neck, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems walking
- Jaw pain/TMJ
- Tendinitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone or joint disease

Circulatory and Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Cold feet or hands
- Cold sweats
- Swollen ankles
- Pressure sores
- Varicose veins
- Blood clots
- Stroke
- Heart condition
- Allergies
- Sinus problems
- Asthma
- High blood pressure
- Low blood pressure

- Lymphedema

Skin

- Rashes
- Allergies
- Athlete's foot
- Warts
- Moles

Digestive

- Nervous stomach
- Indigestion
- Constipation
- Intestinal gas/bloating
- Diarrhea
- Diverticulitis
- Irritable bowel syndrome
- Crohn's disease
- Colitis
- Adaptive aids

Nervous System

- Numbness/tingling
- Twitching of face
- Fatigue
- Chronic pain
- Sleep disorders
- Ulcers
- Paralysis
- Herpes/shingles
- Cerebral Palsy
- Epilepsy
- Chronic fatigue syndrome
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease

- Spinal cord injury

Reproductive System

- Pregnancy
- PMS
- Menopause
- Pelvic inflammatory disease
- Endometriosis
- Hysterectomy
- Fertility concerns
- Prostate problems

Other

- Loss of appetite
- Forgetfulness
- Confusion
- Depression
- Difficulty concentrating
- Drug use
- Alcohol use
- Nicotine use
- Caffeine use
- Hearing impaired
- Visually impaired
- Burning upon urination
- Bladder infection
- Eating disorder
- Diabetes
- Fibromyalgia
- Post/Polio syndrome
- Cancer
- Surgeries: _____

Please list any additional comments regarding your health and well-being: _____

I, _____, understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, reduction of scar tissue and chronic pain, and for the promotion of circulation, lymph activity, flexibility, proprioception and energy flow.

I understand that a massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for any medical examination and/or diagnosis and that it is recommended that I see a physician for any physical ailments that I may have.

A massage therapist must be aware of existing physical conditions; hence I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

Signature: _____ Date: _____