

**HEALTH HISTORY INFORMATION**

*Please write legibly and bring with you into your session.*

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ -- \_\_\_\_

Email \_\_\_\_\_ Preferred Reminder(s):  Email  Text

Emergency contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ -- \_\_\_\_

Are you currently under any medical supervision?  Y: \_\_\_\_\_ /  No

Are you currently taking any medication?  Y: \_\_\_\_\_ /  No

Please list any major surgeries: \_\_\_\_\_

Have you received massage therapy before?  Y /  N If yes, how long ago? \_\_\_\_\_

**Please circle any symptoms presently or recently experienced.**

**Pregnancy**

Acne	Scoliosis	Lung Disease
Allergies	Fibromyalgia	Multiple Sclerosis / Parkinson's
Arthritis	Migraine / Headache	Disease
Athlete's Foot	Blood Conditions	Eczema/ Psoriasis
Back Pain / Tension	Heart Disease	Sprain / Strain / Dislocation
Cancer / Tumor	High Blood Pressure	Easily Bruised
Constipation	Hives / Shingles	Stroke
Depression / Anxiety	Joint Problems	Thyroid Disease
Diabetes	Kidney Disease	Varicose Veins

Term: 1 2 3

Weeks: \_\_\_\_\_

Do you have the following:

\_\_\_ Physician's Approval

\_\_\_ Preeclampsia / Toxemia

\_\_\_ Premature Labor

\*\* Are you currently taking any blood thinners?  Y /  N \*\*

**Massage Enhancements**

**How did you hear about us?**

Hot Towels

Hypervolt

Cups (body or facial)

Essential Oil

Hot Stones

Cold Stones

Heated Neck Wrap

Tata / Belly Table

No enhancements requested

Referred by: \_\_\_\_\_

Google

Website

Facebook

TikTok

Instagram

Other: \_\_\_\_\_

**TWO AMAZING LOCATIONS:**

**Moorhead, MN | Fargo, ND | 701.297.8191 | [elitemassage.biz](http://elitemassage.biz) | [teamelitemassage@gmail.com](mailto:teamelitemassage@gmail.com)**

*Receive your choice of 2 FREE massage enhancements during your first deep tissue or relaxation massage, your birthday month, or for each referral you send to us!*

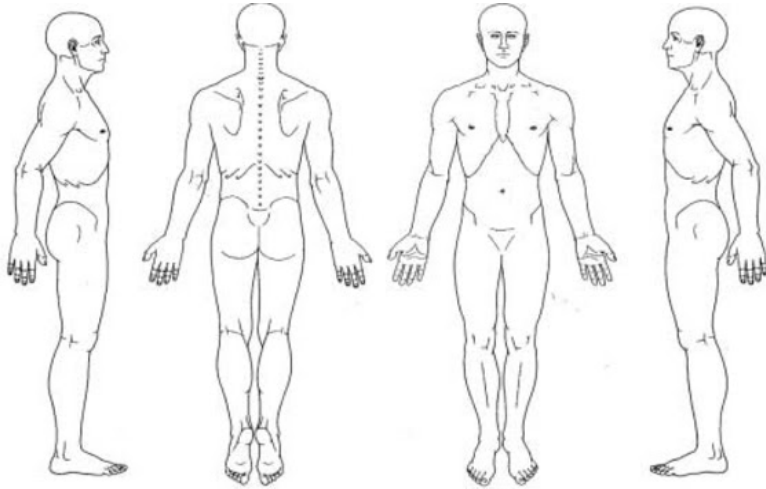
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**Please put an “X” on areas you wish to have your LMT focus on:**

**Preferred Pressure:**

- Very Soft
- Soft
- Medium
- Deep
- Extremely Deep
- Not sure



**DISCLAIMERS**

*Please initial next to each statement to confirm.*

- \_\_\_\_\_ Clients should understand that the purpose of the massage is for relaxation and muscular tension. *If you experience any pain or discomfort during the session, please immediately inform the therapist.*
- \_\_\_\_\_ Massage should not be construed as a substitute for medical examination, diagnosis or treatment. You should see a physician, chiropractor, or other medical professional for any medical or physical conditions.
- \_\_\_\_\_ It is your responsibility to keep your LMT informed of any changes to your health or medication that you begin. There shall be no liability on the practitioner’s part should you fail to do so.

**APPOINTMENT POLICY**

- \_\_\_\_\_ You may cancel your appointments without charge at least 24 hours in advance for all services performed within Elite. Upon booking your appointment, a deposit will be taken as courtesy you, other guests and your practitioner who is reserving a time specifically for you.
- \_\_\_\_\_ Same-day cancellations and appointments cancelled within 24 hours of their scheduled time will be charged 100% of the scheduled service price.
- \_\_\_\_\_ Appointment reminders are provided via text messaging and e-mail. Elite will not be held responsible for technology mishaps. Winter weather cancellations follow the ND/MN DOT travel guidelines.

**By signing this form, you are agreeing to these terms and conditions.**

**Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

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