



**HEALTH HISTORY INFORMATION**

**OFFICE USE ONLY**

SB Entry    Referral Email    Form Scan

Therapist: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 DOB \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_  
 Preferred Appointment Reminder(s):    Email    Text\*  
 \*Please list your cell phone carrier:  Verizon    Sprint    Other \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Chiropractor \_\_\_\_\_

**How did you hear about us? (Please list name)** \_\_\_\_\_

Are you currently under any medical supervision? If so, please explain:  
 \_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_

Please list any major surgeries? \_\_\_\_\_

Reason for your massage treatment today? \_\_\_\_\_

Have you received massage therapy before? Yes or No  
 If yes, how long ago? \_\_\_\_\_

What type of exercise do you do weekly? \_\_\_\_\_

Please circle any symptoms presently or recently experienced:

- |                     |                                                |
|---------------------|------------------------------------------------|
| Acne                | Heart Disease                                  |
| AIDs (HIV)          | High Blood Pressure                            |
| Allergies           | Hives/Shingles                                 |
| Arthritis           | Joint Problems                                 |
| Athlete's Foot      | Kidney Disease                                 |
| Back Pain/Tension   | Lung Disease                                   |
| Cancer/Tumor        | Multiple Sclerosis/Parkinson's Disease         |
| Constipation        | Eczema/Psoriasis                               |
| Depression/Anxiety  | Sprain/Strain or Dislocation of a joint/muscle |
| Diabetes            | Stroke                                         |
| Scoliosis           | Thyroid Disease                                |
| Fibromyalgia        | Varicose Veins                                 |
| Migraines/Headaches | Other _____                                    |
| Blood Conditions    |                                                |

**Pregnancy**

Term: 1 2 3

How many weeks? \_\_\_\_\_

Do you have any of the following:

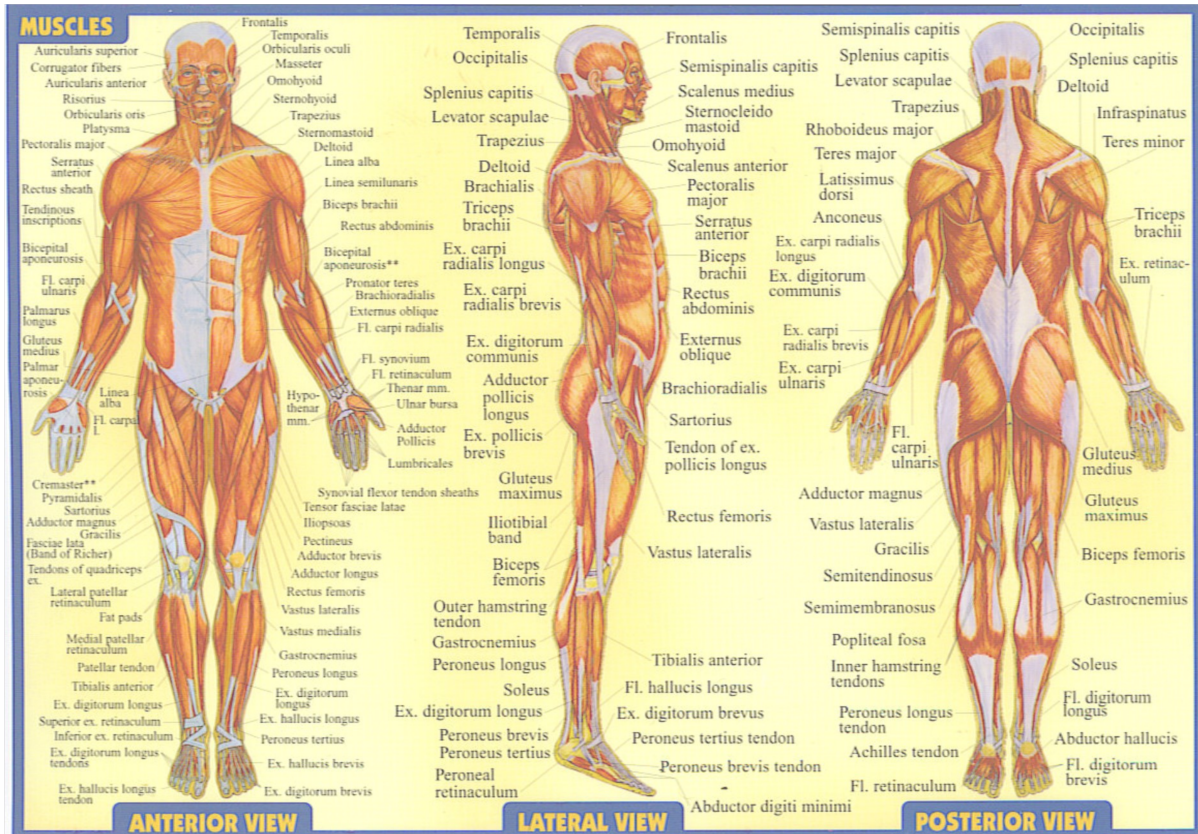
\_\_\_ Physicians Approval

\_\_\_ Preeclampsia/Toxemia

\_\_\_ Premature Labor Symptoms



Please place an "X" below on the areas of tenderness or discomfort.



Clients should also 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. You should further understand that massage should not be construed as a substitute for medical examination, diagnosis or treatment and that you should see a physician, chiropractor or other medical specialist 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 24 hours in advance for all services performed within Elite. This is a courtesy to other guests and your Practitioner who is reserving time specifically for you.

Same day cancellations will be charged 50% of the scheduled service price.

Appointment reminders are provided via text messaging and e-mail, however, we will not be held responsible for technological difficulties.

Please write your appointment time down in a secure location.

If you do not call to cancel your appointment at least 2 hours prior to the scheduled time or do not show up for your scheduled appointment, you will be charged full price for the service.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

# First Visit Offer

Choose TWO Massage Enhancements  
FREE Your First Visit!

A \$10 VALUE!

## Add-on Options:

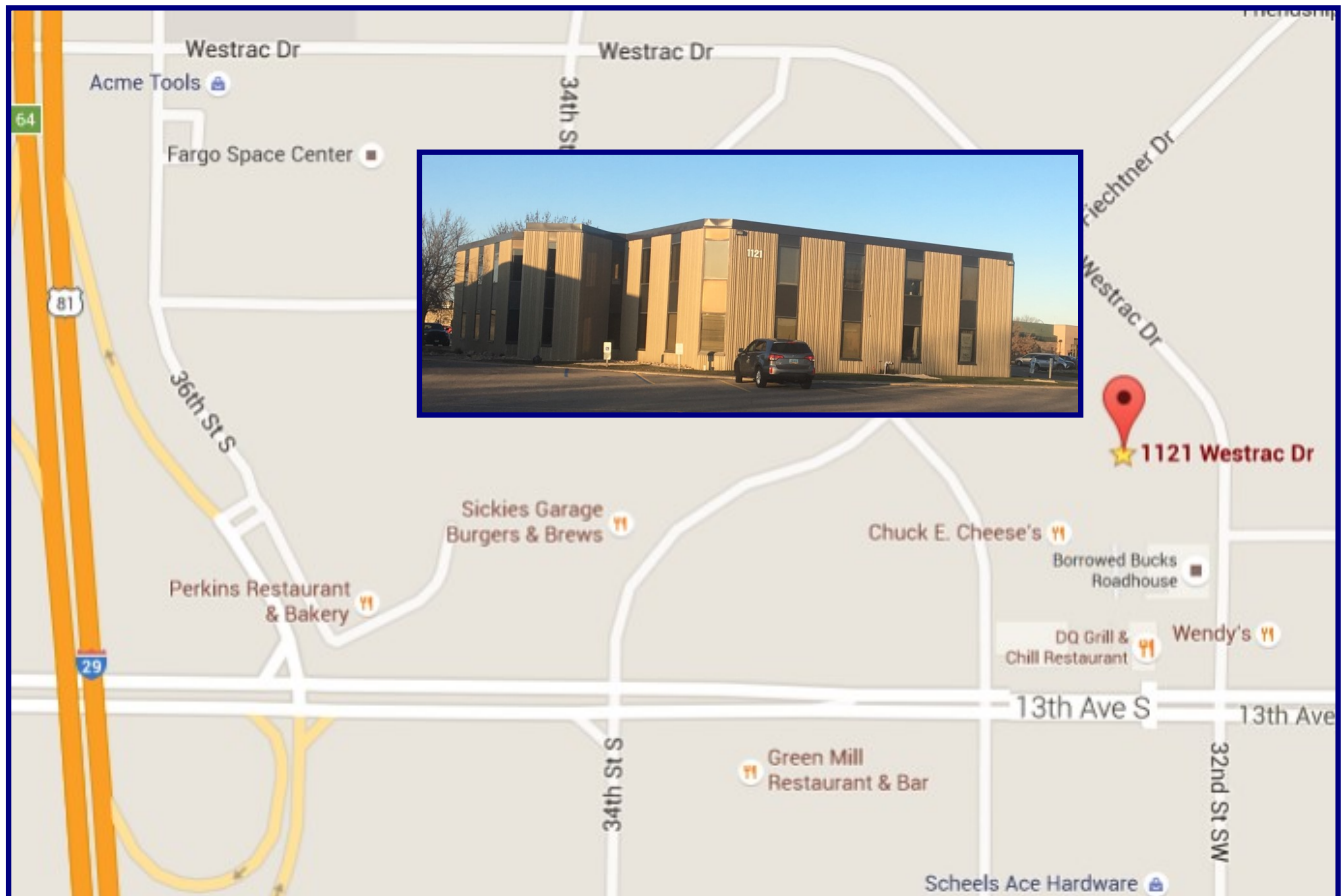
- ◇ Cupping
- ◇ Hot Stones
- ◇ Hot Towels
- ◇ Cold Stones
- ◇ Hypervolt
- ◇ Neck Wrap
- ◇ Facial Cups
- ◇ Essential Oil Scan
- ◇ Essential Oil
- ◇ Bamboo Fusion

**ELITE**  
Therapeutic Massage  
& Health Partners



PLEASE LIST YOUR CHOICES IN THE BOOKING NOTES ONLINE OR CHOOSE AT THE TIME OF BOOKING WITH OUR STAFF!

1121 Westrac Drive, Suite 102, Fargo ND [www.elitemassage.biz](http://www.elitemassage.biz) 701.297.8191



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