ELITE
Therapeutic Massage
& Health Partners

1121 Westrac Drive, Suite 102
Fargo, ND 58103
www.elitemassage.biz

# 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

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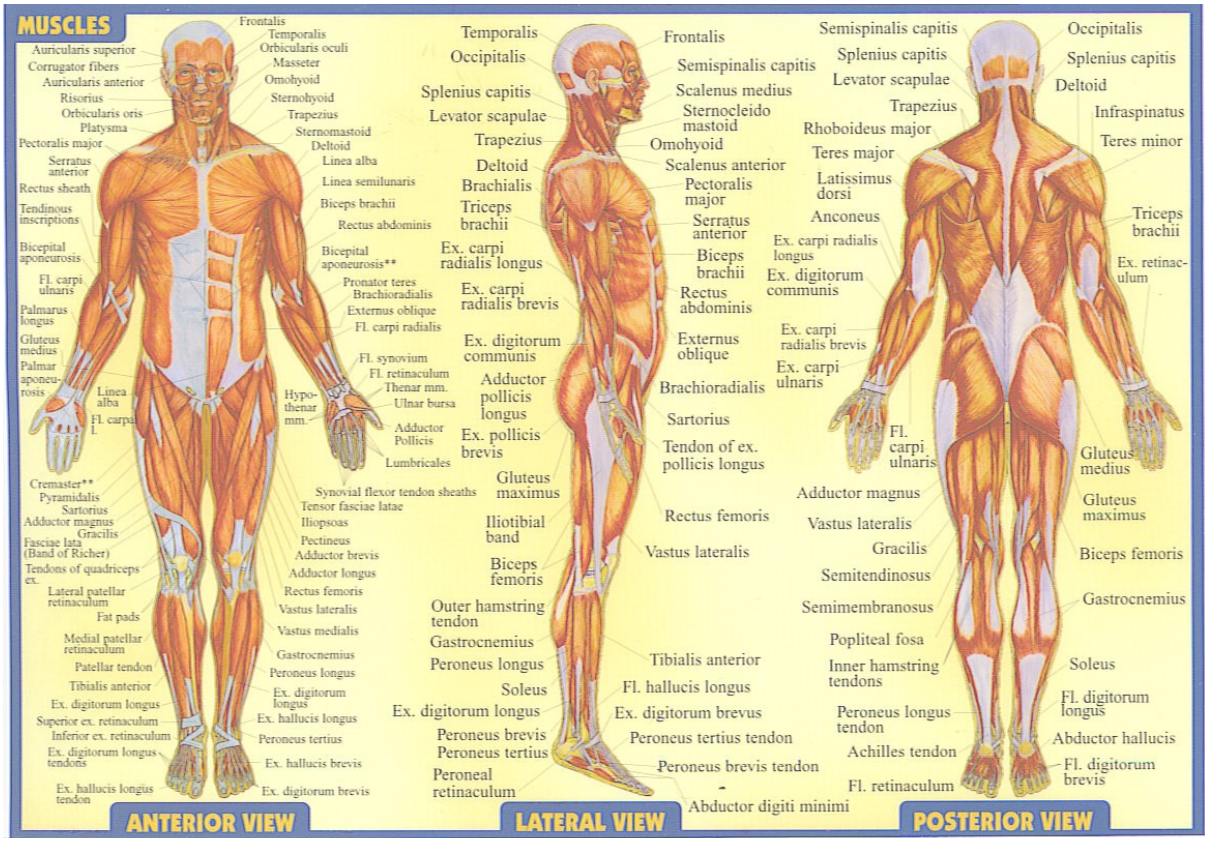
**Please place an "X" below on the areas of tenderness or discomfort.**




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 _____

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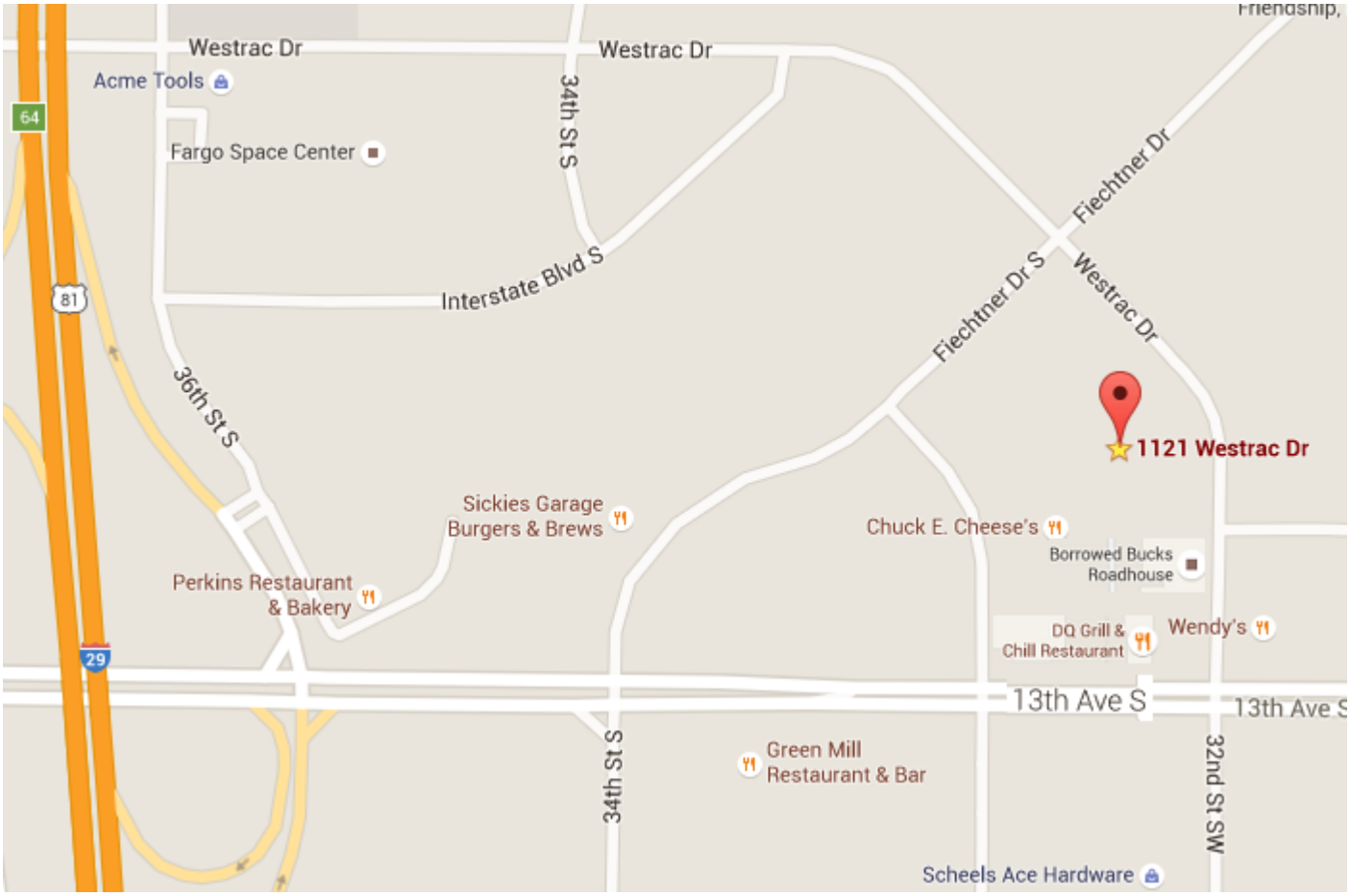
*Relaxation Begins at Our*

Westrac Drive, Suite 102 Fargo, ND 58103
701-297-8191

# $10 off—One Hour Elite Service

Valid 1st Office Visit only. Not redeemable on Couples Massage, Specialty Services, Body Waxing, Gift Certificates, Jane Iredale makeup products or Young Living Essential Oils. May not be combined with other offers. Other exclusions may apply.

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