Studio 1
Salon and Spa

Clinic Health History- Massage Therapy and PEMF

Name:_____ Date:_____
Occupation:_____ Typical Activities Involved:_____
Other activities you do on a regular basis, like golf, horseback riding, rock climbing? _____
Have you ever received massage therapy before?: _____

The difference between a good massage and a great one
*is **your feedback**. If an adjustment needs to be made during the session*
i.e., pressure, focus area, or temperature, please inform your therapist

Do you now have, or have you ever been diagnosed with the following (mark all that apply):

Musculoskeletal
__Bone or joint disease
__Tendonitis/Bursitis
__Arthridis/Gout
__Jaw Pain (TMJ)
__Lupus
__Spinal Problems
__Migraines/Headaches
__Osteoperosis

Circulatory
__Heart condition
__Phlebitis/Varicose Veins
__Blood Clots
__High/Low Blood Pressure
__Lymphedema
__Thrombosis/Embolism

Respiratory
__Breathing Difficulty/Asthma
__Emphysema
__Allergies, Specify:
_____
__Sinus Problems

Nervous System
__Shingles
__Numbness/Tingling
__Pinched Nerve
__Chronic Pain
__Paralysis
__Multiple Sclerosis
__Parkinson's Disease

Reproductive
__Pregnant, stage _____
__Ovarian/Menstural Problems
__Prostate

Skin
__Allergies, Specify:
_____
__Rashes
__Cosmetic Surgery
__Athlete's Foot
__Herpes/Cold Sores

Digestive
__Irritable Bowel Syndrome
__Bladder/Kidney Ailment
__Colitis
__Chron's Disease
__Ulcers

Psychological
__Anxiety/Stress Syndrome
__Depression

Other
__Cancer/Tumors
__Diabetes
__Drug/Alcohol/Tobacco Use
__Contact Lenses
__Dentures
__Hearing Aids

Any other medical condition(s) not listed:
_____
_____
_____

Please explain any of the conditions that you have marked above:
_____
_____
_____

Are there any medical precautions for massage therapy? _____
_____
Are you taking any medications? If so, please list: _____
_____
List any injuries or surgeries with approximate date: _____
_____
In case of emergency, contact_____ Phone #:_____
Physician or other healthcare professional: _____

To the best of my knowledge, the above information is true and accurate. I understand massage therapists do not diagnose or prescribe.

Signed:_____ Date:_____

Release of Liability

I hereby authorize a MASSAGE THERAPIST to perform MASSAGE THERAPY on:

_____

Print Name

_____

Date of Birth

I further release Head to Heel Massage, Cross E Equine Therapy, Heirs, and any employee, student, or instructor associated with them from any and all rights from claims or liability for MASSAGE THERAPY performed.

_____ _____

Signature Signature

_____ _____ Date

Date

_____ _____

Signature Signature

_____ _____ Date

Date

_____ _____

Signature Signature

_____ _____ Date

Date

(If the MASSAGE THERAPY is for a minor, age 17 and under, the responsible parent must sign this

Please take a moment and carefully read the following and sign where indicated. Name: _____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or another qualified medical specialist for any mental or physical ailment that I am aware of.

I understand that massage therapists/bodyworkers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of the session(s) given should be construed as such.

Because massage/bodywork is contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the practitioner's part should I forget to do so.

It is also understood that any illicit or sexually suggestive remarks or advances are not tolerated and will result in immediate termination of the session, and if made by me, I will be liable for payment for the "full" scheduled appointment.

Signed: _____ Date: _____

Practitioner: _____ Date: _____

Please indicate areas of focus for this session by circling or putting and X on the diagram

indicating the areas needing attention.