

Confidential Client Information and Health History

Name: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Best Contact Number: _____ Type of Number Cell Home Work

Email (used 4 times/year for client only specials) _____

How did you hear of us?

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Have you ever had a professional massage?

If yes, how often do you get a massage?

When was your last massage?

What type of massage did you get? _____

What do you hope to accomplish with this massage?

Have you had any surgeries, hospitalizations, automobile accidents or serious injuries within the past five years?

If so, please describe event briefly:

Do you feel fully recovered from these events?

If not, please explain:

Do you have any chronic or ongoing pain that you deal with regularly?

If yes, please explain the type of pain, where it is and how it affects your daily life.

Do you take medication for this pain?

If yes, please indicate which medication(s):

Are there any activities that make the pain worse?

If yes, describe:

Are you currently under the care of a physician or other health care provider?

What is the reason?

Other than what is listed above, are you taking any other medications, herbal supplements or vitamins? (please list name and what it is being taken for)

Is there any health condition you would like to discuss today?

Describe:

Signature _____ Date _____

Parent/Guardian Signature for Minor _____ Date _____