

Client Information & Health History

All information shared is kept strictly confidential

Name:

Birth date:

Address:

Telephone: *cell is preferred*

Occupation:

Are you under the care of a specialist? If yes, please explain.

Current medications that may impact the session—mainly, anything for the heart, lungs, diabetes, nervous system, etc.

Other health concerns you feel may impact the session today:

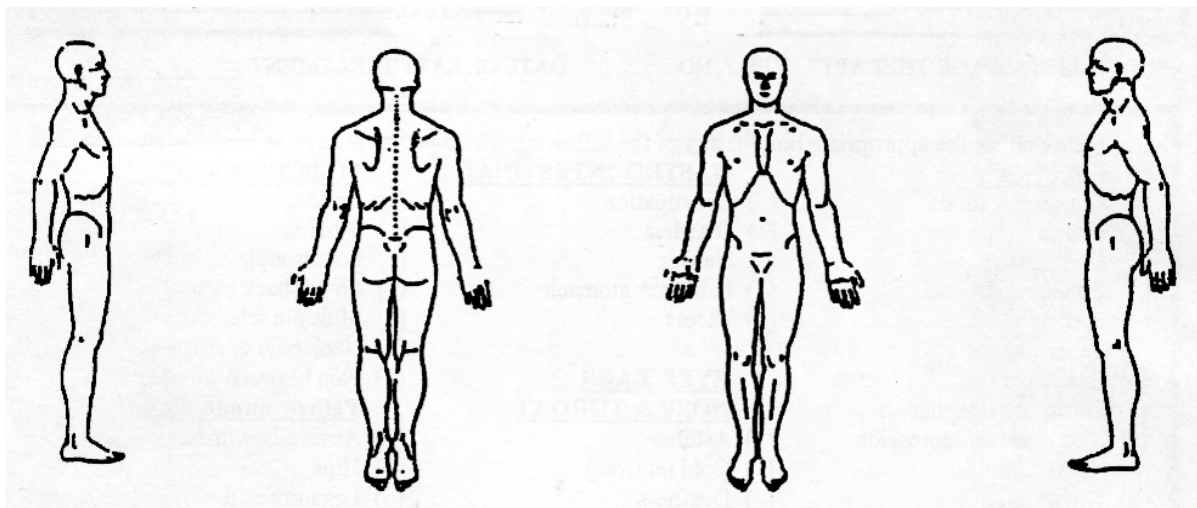
Please list and date past injuries / surgeries, going as far back as childhood:

Do you feel that you have fully recovered from these injuries? Please explain:

Physical activities in which you participate regularly:

How did you hear about me?

Medical History and Information



Please check any conditions that currently affect you, or have in the past 3 years:

MUSCULOSKETAL

- ☐ Fibromyalgia
- ☐ Spasms/Cramps
- ☐ Sprains/Strains
- ☐ Osteoporosis
- ☐ Bursitis
- ☐ Cysts
- ☐ Plantar Fascitis
- ☐ Postural Deviations
- ☐ Osteo/Rheumatoid Arthritis
- ☐ TMJ Dysfunction
- ☐ Tendonitis / Tendinosis
- ☐ Torticollis
- ☐ Whiplash Syndrome
- ☐ Carpal Tunnel Syndrome
- ☐ Thoracic Outlet Syndrome
- ☐ Sciatica
- ☐ Muscle/Joint Pain

CIRCULATORY

- ☐ Anemia
- ☐ Hemophilia
- ☐ High/Low Blood Pressure
- ☐ Raynaud's Disease
- ☐ Varicose Veins
- ☐ Heart Condition
- ☐ Blood Clots / Phlebitis
- ☐ Diabetes

DIGESTIVE

- ☐ Ulcers
- ☐ Irritable Bowel Syndrome
- ☐ Colitis
- ☐ Gallstones
- ☐ Hepatitis
- ☐ Crohn's Disease
- ☐ Diarrhea / Constipation

NERVOUS SYSTEM

- ☐ ALS
- ☐ Multiple Sclerosis
- ☐ Parkinson's Disease
- ☐ Bell's Palsy
- ☐ Neuritis
- ☐ Spinal Cord Injury
- ☐ Stroke
- ☐ Trigeminal Neuralgia
- ☐ Seizure Disorders
- ☐ Numbness/Tingling

OTHER

- ☐ Insomnia
- ☐ Anxiety / Panic Attacks
- ☐ Grief Process
- ☐ Cancer
- ☐ Chronic Fatigue
- ☐ HIV / AIDS
- ☐ Lupus
- ☐ Kidney Disease
- ☐ Postoperative Situation
- ☐ Edema

RESPIRATORY

- ☐ Sinusitis
- ☐ Asthma
- ☐ Trouble Breathing
- ☐ Dizziness
- ☐ TB

SKIN

- ☐ Fungal Infection
- ☐ Dermatitis / Eczema
- ☐ Psoriasis
- ☐ Bruise Easily
- ☐ Allergies

WOMEN: ☐ endometriosis ☐ Painful menstruation ☐ Pregnant

MEN: ☐ Prostate problems

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications, or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental, or emotional changes that occur with my health. I also understand that 24 hours notice is required if I cannot make an appointment. If an appointment is missed without 24 hours notice (medical emergencies excluded), I agree to pay the full price of the missed session.

Signature:

Date: