

CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

full name _____

address _____ city _____ state _____ zip _____

phone (h/c) _____ (w) _____ email _____

birth date _____ referred by _____

employer _____ occupation _____

emergency contact _____ phone _____ relationship _____

How did you hear about us? family/friends website internet newspaper ad yellow pages other _____

Is this your first massage? _____ If no, how frequently do you get a massage? _____

Are you aware of any tension holding spots in your body? _____ If yes, list locations _____

Describe any surgeries, hospitalizations, accidents or injuries you have had:

Less than 5 years ago: _____

More than 5 years ago: _____

What kind of care did you receive for your accidents or injuries? _____

Do you feel that you have recovered from these events? _____ please explain _____

Do you have any chronic, ongoing pain that you deal with on a regular basis? _____ please explain _____

Describe what activities cause this pain and/or make it worse: _____

Are you receiving any other type of medical treatment? _____ please explain _____

Please list any medication (vitamins, herbs or pharmaceutical) taken now or at regular intervals (include explanations of what medication is used to treat) _____

Allergies _____

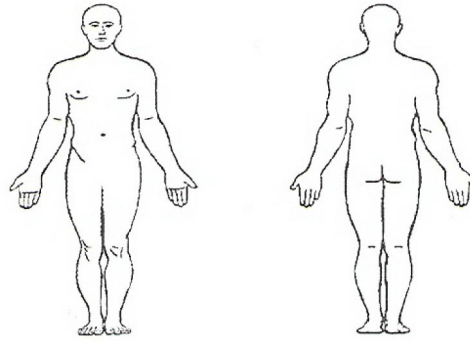
Regular exercise (personal sports/ routines, fitness classes, personal training etc.) _____

Are you currently under the care of a physician? _____ Whom? _____

Please list reason(s) _____

Are there any other health concerns you wish to discuss today? _____ If yes, please describe _____

Please indicate where you experience pain on the drawings provided.



Are you currently experiencing any of the following conditions? yes/no

- flu or cold
 inflammation
 fever
 infection
 contagious disease

Please check any of the following conditions below that currently affect you or that you have experienced in the last 5 years.

MUSCULOSKELETAL

- Fibromyalgia
- Spasms/Cramps
- Sprains/Strains
- Osteoporosis
- Postural Deviations
- Gout
- Osteoarthritis/ Rheumatoid Arthritis
- TMJ Dysfunction
- Cysts
- Bursitis
- Plantars Fasciitis
- Tendonitis
- Torticollis
- Whiplash Syndrome
- Carpal Tunnel Syndrome
- Sciatica
- Thoracic Outlet Syndrome
- Headache
- Leg Pain
- Arm Pain/Shoulder Pain
- Low Back Pain
- Mid Back Pain
- Hip Pain
- Other

RESPIRATORY

- Pneumonia
- Sinusitis
- Asthma
- Trouble Breathing
- Dizziness
- Other

CIRCULATORY

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

DIGESTIVE

- Ulcers
- Irritable Bowel Syndrome
- Colitis
- Gallstones
- Hepatitis
- Crohn's Disease
- Diarrhea
- Gas/Bloating
- Indigestion
- Other

SKIN

- Fungal Infections - Acne
- Impetigo
- Dermatitis/Eczema
- Psoriasis
- Open Wound or Sore
- Rashes
- Warts/Moles
- Athletes Foot
- Other

NERVOUS SYSTEM

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

OTHER

- Insomnia
- Sleep Apnea
- Anxiety/Panic Attacks
- PMS
- Physical/Emotional Abuse
- Grief Process
- Cancer
- Substance Abuse
- Pregnancy
- Chronic Fatigue
- HIV/AIDS
- Lupus
- Kidney Disease
- Bladder Infection
- Postoperative Situation
- Edema
- Other

- 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 understand that there is no implied or stated guarantee of success or effectiveness for bodywork/massage sessions. It is my choice to receive bodywork/massage and I give my consent for bodywork/massage.
- I understand that the client/patient practitioner relationship will be held in strict confidence.
- I understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) will be charged in full for the price of the missed session.

signature _____ date _____