Client Information and Health History

Please fill out both sides of form in its entirety.

Full name:_____

Address: _____ City: _____ State: _____ Zip:_____

Phone (home): _____ (cell): _____ Email: _____

Date of birth: _____ Occupation: _____ How long?_____

Emergency contact:_____ Phone: _____ Relationship: _____

Referred by (50% off for each referal): _____

Is this your first professional massage? _____ If no, when was your last massage? _____

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

Less than five years ago: _____

_____

More than five years ago: _____

_____

What kind of care did you receive for the above incidents? _____

_____

Do you feel that you have recovered from these events?_____ If no, please explain: _____

_____

Are you receiving any other type of medical treatment (chiropracter/doctor/alternative med/PT/OT/other)? Please explain _____

_____

Please list any medication (pharmaceutical (prescribed/over counter) or herbal) taken now or at regular intervals, include an explanation of what the medication is used to treat:_____

_____

_____

Do you exercise? _____ How many times per week? _____ What type? _____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation 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 of any physical or mental illness, and that I should see a physician, chiropractor or other qualified medical specialist for any conditions thereof.

Because massage/bodywork should not be performed 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 fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

To best serve our clients, we request at least 24-hour notice for cancellations/rescheduling of sessions.

Signature: _____ Date: _____

Please check conditions or symptoms you currently have or have had in the past:

General:
- ☐ Contact lenses
- ☐ Allergies/Sinus
- ☐ Numbness/Tingling
- ☐ Sciatica
- ☐ Infectious condition
- ☐ Skin condition
- ☐ Inflammation
- ☐ Osteoporosis
- ☐ Seizures/convulsion
- ☐ Dizziness/fainting
- ☐ Varicose veins
- ☐ Bruise easily
- ☐ Arthritis
- ☐ Hernia
- ☐ Fibromyalgia
- ☐ High blood pressure
- ☐ Heart condition
- ☐ Chest pain
- ☐ Difficulty breathing
- ☐ Stroke
- ☐ Diabetes
- ☐ Cancer
- ☐ HIV
- ☐ Other_____

Neck:
- ☐ Whiplash
- ☐ Pain with movement
- ☐ Stiff neck
- ☐ Grinding/popping
- ☐ Other_____

Head:
- ☐ TMJ
- ☐ Grind teeth
- ☐ Splint
- ☐ Headaches
- ☐ Migraines
- ☐ Vertigo
- ☐ Ringing in ears
- ☐ Memory Loss
- ☐ Other_____

Shoulders:
- ☐ Bursitis
- ☐ Loss of movement
- ☐ Pain with movement
- ☐ Rotator cuff injury
- ☐ Other_____

Arms and hands:
- ☐ Hands cold
- ☐ Loss of grip
- ☐ Pain in wrist
- ☐ Tennis elbow
- ☐ Other_____

Back
- ☐ Pain when lifting/bending
- ☐ Pain with cough/sneeze
- ☐ Disk problems
- ☐ Other_____

Abdomen:
- ☐ Nausea
- ☐ Incontinence
- ☐ Gas
- ☐ Constipation
- ☐ Diarrhea
- ☐ Tenderness
- ☐ Colitis
- ☐ Diverticulitis
- ☐ Other_____

Hips, legs and feet:
- ☐ Leg or foot cramps
- ☐ Swollen ankles
- ☐ Cold feet
- ☐ Ticklish feet
- ☐ Other_____

Females:
- ☐ Pregnant/due date _____
- ☐ Irregular cycle
- ☐ Endometriosis
- ☐ Other_____

Do you have any of these today?
- ☐ Sunburn
- ☐ Inflammation
- ☐ Severe pain
- ☐ Headache
- ☐ Open cuts/bruises
- ☐ Irritated skin rash/Poison Ivy
- ☐ Cold/flu
- ☐ Infections

Please circle your focus areas on the images below (tension/pain/discomfort/desired change)