

Health History Form

Name _____ Todays Date _____
Phone (Day) _____ Evening _____
Cell Phone _____ E-Mail _____
Address _____
City _____ Zip _____
Referred By: _____
Employer _____ Occupation _____
Family Physician _____
Permission to consult with family physician? Please initial if yes. Yes _____ No
Emergency Contact _____ Phone _____

Medical History and Information

Have you every experienced a professional massage session? Yes No

If yes, how recently? _____

Check any or all that apply to your present health:

- headaches chronic pain varicose veins vision problems
- muscle or joint pain blood clots sinus problems
- numbness/tingling high/low blood pressure jaw pain/teeth grinding
- sprains/strains diabetes fatigue scoliosis cancer/tumors
- depression arthritis infectious disease sleep difficulties
- tendonitis skin problems Heart attack Epilepsy Asthma
- Emphysema

Women only: Pregnant _____ (due date _____)

List all medications/herbs/vitamins

List physical activities you participate in regularly

List previous major injuries/surgeries:

What other treatments are you receiving and by whom (acupuncture, physical therapy, chiropractic, naturopathic):

What seems to help the most?

What seems to aggravate the condition the most?

What is your main activity at work? _____

What do you do to relieve stress?

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 the session, I will immediately inform the practitioner so that the pressure and/or stroke may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners 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 given should be construed as such.. 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 practitioners 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.

Client Signature _____

Date _____