

# Health Information

## Client Contact Information

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: M F  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician/Health Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Where did you hear about us? Check all that apply:  
 Groupon     Facebook     Yelp     Other: \_\_\_\_\_

## Massage Information

Have you ever received massage / bodywork before? Yes  No   
How recently? \_\_\_\_\_  
What types of massage / bodywork do you prefer?  
\_\_\_\_\_

What are your goals / expected outcomes for receiving massage / bodywork?  
\_\_\_\_\_  
\_\_\_\_\_

Please list any needs I should prepare for:  
\_\_\_\_\_

Do you have any of the following symptoms? Describe how they affect your daily living (i.e. sleep, exercise, work, childcare, etc).  
 Stress \_\_\_\_\_  
 Pain \_\_\_\_\_  
 Stiffness \_\_\_\_\_  
 Numbness/tingling \_\_\_\_\_  
 Swelling \_\_\_\_\_  
 Other \_\_\_\_\_

What medications are you currently taking?  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently pregnant? Yes  No

Do you have cancer? Yes  No

## Health History

Have you experienced any of the following? Check all that apply and explain:

# Health Information

- Allergies \_\_\_\_\_
- Arthritis \_\_\_\_\_
- Blood clots \_\_\_\_\_
- Blood pressure conditions \_\_\_\_\_
- Chronic pain \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Fibromyalgia \_\_\_\_\_
- Headaches \_\_\_\_\_
- Heat sensitivity \_\_\_\_\_
- Heart problems \_\_\_\_\_
- History of Strokes \_\_\_\_\_
- Infections \_\_\_\_\_
- Injuries \_\_\_\_\_
- Insomnia \_\_\_\_\_
- Immune system deficiencies \_\_\_\_\_
- Lupus \_\_\_\_\_
- Skin conditions \_\_\_\_\_
- Surgeries \_\_\_\_\_
- Varicose veins \_\_\_\_\_
- Other \_\_\_\_\_

**Areas of stress or pain:** (select all that apply and the pain level associated with it)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Neck<br>0 1 2 3 4 5 6 7 8 9 10<br>No Pain                      High Pain      | <input type="checkbox"/> Back<br>0 1 2 3 4 5 6 7 8 9 10<br>No Pain                      High Pain | <input type="checkbox"/> Legs<br>0 1 2 3 4 5 6 7 8 9 10<br>No Pain                      High Pain        |
| <input type="checkbox"/> Shoulders<br>0 1 2 3 4 5 6 7 8 9 10<br>No Pain                      High Pain | <input type="checkbox"/> Arms<br>0 1 2 3 4 5 6 7 8 9 10<br>No Pain                      High Pain | <input type="checkbox"/> Other _____<br>0 1 2 3 4 5 6 7 8 9 10<br>No Pain                      High Pain |

Circle any areas on which you are uncomfortable having therapeutic massage:

Abdomen      Face      Feet      Scalp      Gluteal region      Pectoral muscles

**Consent for Treatment**

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, diagnoses, 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 practitioner's part should I fail to do so. I also understand that any illicit or sexual suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for the payment of the scheduled appointment. Understanding all this, I give my consent to receive care.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_