

CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

First Name: _____ M.I. _____ Last Name: _____

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

Phone(h): _____ (w) _____ Date of Birth: _____

Employer: _____ Occupation: _____

Emergency contact: _____ Phone: _____ Relationship: _____

Referred by: _____ e-mail: _____

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

What do you hope to accomplish from today's massage? _____

Are you aware of any tension holding spots in your body? _____ If yes, location(s) _____

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: _____

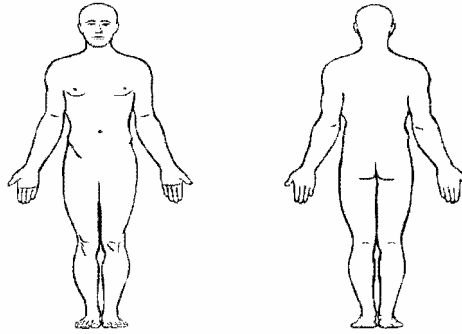
Please list any medication (vitamins, herbs or pharmaceutical) taken now or at regular intervals (include explanation of what medication is used to treat): _____

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 drawing below



Are you currently experiencing any of the following conditions?

_____ 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
- ___ Cysts
- ___ Bursitis
- ___ Plantar 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
- ___ Anxiety/Panic Attacks
- ___ PMS
- ___ 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 also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) may be charged in full for the price of the missed session.

Signature: _____ Date: _____