Health History Form – Confidential

Name: _____ D.O.B.: _____ Referred by: _____

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

Phone: (H)_____ (W)_____Email: _____

When was your last massage? _____
Areas of focus for today's visit: _____

List any accidents, fractures, and surgeries in the past 5 years:

How often and what type of exercise do you do? _____

Describe any current or ongoing musculoskeletal pain or stiffness and *current medications*:

Are you pregnant? (No)_____(Yes)_____Due date:_____

Allergies to any oils, lotions, scents? (No)_____(Yes) Please list:_____

Please check all that apply:

___Muscle Tightness
___Muscle Cramps
___Wear Hearing Aid
___Gall Bladder Problems
___PMS/Painful Periods
___Fluid Retention
___Depression
___Dizziness
___Skin Irritation
___Loss of Balance
___Inner Ear Problem
___Night Sweats
___Sleep Problems
___Fatigue

___Fibromyalgia
___Tendonitis
___Swollen Extremities
___Numbness
___Cold Hands or Feet
___Varicose Veins
___Easy Bruising
___Low Blood Pressure
___High Blood Pressure
___Heart Disease
___Allergies
___Migraines
___Asthma
___Joint Pain

___Kidney Problems
___Liver Problems
___Sciatica
___Herniated Disc
___Osteoporosis
___Seizures/Convulsions
___Hepatitis
___Scoliosis
___Sports Injuries
___Chronic Fatigue Syndrome
___Diabetes
___Cancer
___Hypoglycemia
___Arthritis

This information and our sessions are treated with confidentiality. Please give feedback at any time during or after the massage/ This communication between you and I during the massage will facilitate a more productive outcome from the session for you.

I, the client, understand that the work done during this massage does not constitute medical treatment and that the massage therapist is not a physician. The session is a form of health and wellness maintenance utilizing the techniques of massage and holistic healing. I, the client, take responsibility for alerting the therapist to any conditions that might affect this work. It is recommended that I, the client, see a physician for any ailments I might have. Any suggestions made by the massage therapist are recommendations and not prescriptions.

My signature below indicates that I understand and agree to the above conditions.

Signature:_____Date:_____