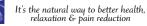
## **Health History**

## INFORMATION PROVIDED WILL BE STRICTLY CONFIDENTIAL

Please fill out accurately & carefully. It will allow me to massage you safely. I will go over the questionnaire with you. Please feel free to ask any questions or express any concerns.

Name	Birth Date		_ Referred By		Ask me about earning referral
Address		_lown		Zıp	credits!
	(evening)				/ \ `
Occupation	P	osture assur	ned most of da	У	
<ul> <li>What is your specific goa</li> </ul>	al/expectation for your massage	?			
	ore time spent during massage?			Areas to avoid	
• Ever had a massage?					
• Were you satisfied with y	your last massage?Yes	No			
<ul> <li>If not, how could it have</li> </ul>	been better for you?				
Check any of the follow	ving that apply to your heal	th:			
Excess stress					
Muscle painWhere?	?				
Back problems [upper,	mid, lower]				
Spinal problems [herniated disc, fused discs, scoliosis, other]Which discs?					
Headaches [migraine, tension, PMS, cluster, other]How often?					
Skin condition [rash, psoriasis, eczema, easy bruising, other]Where?					
Bone condition [osteoporosis, previous fracture, other]Where?					
	morWhere & How long?				
	arthritis, rheumatoid arthritis, gou		-		
	Where & How long?				_
Carpal TunnelWhic					
	whiplash, deep bruise, other]				
	[sciatica, stroke, epilepsy, numb	ness/tingling	j, other]Wh	iere?	
	How does it affect you now?				
	heart disease, phlebitis, atheroso	-	r]How long	g?	
	ere?				
High blood pressure or	-				
	wollen glands, lymphoma, lymph		-		
	e [herpes, HIV+, AIDS, hepatitis, o	-			
	depression, anxiety, psychotic ep	pisodes, othe	r]How ofte	n?	
Diarrhea or Constipatio					
Diabetes [Type I or Typ	-				
PregnantHow man					
	Please state type(s) & year(s):				
	ctsTo what?				
Other condition(s) not					
Currently taking medic					
Currently under medica	al careFor what?				
above medical conditions to responsible for paying a \$2	e is not a replacement for medica to be accurate and will inform the 25 fee for any non-emergency ap nd any lateness is deducted from	erapist of any opointment c	health change ancellation less	es prior to future sessior than 6 hours and full s	ns. I am ession amount for
Your Signature		Date		office a mildle	

Thank you for your time! ENJOY YOUR MASSAGE



**Massage Works!** 

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