

## 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 \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Phone#(day) \_\_\_\_\_ (evening) \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Posture assumed most of day \_\_\_\_\_

Ask me about  
earning referral  
credits!

- ♦ What is your specific goal/expectation for your massage? \_\_\_\_\_
- ♦ Where would you like more time spent during massage? \_\_\_\_\_ Areas to avoid \_\_\_\_\_
- ♦ Ever had a massage? \_\_\_ Yes \_\_\_ No
- ♦ Were you satisfied with your last massage? \_\_\_ Yes \_\_\_ No
- ♦ If not, how could it have been better for you? \_\_\_\_\_

Check any of the following that apply to your health:

- Excess stress
- Muscle pain.....Where? \_\_\_\_\_
- 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? \_\_\_\_\_
- Cancer/Malignancy/Tumor.....Where & How long? \_\_\_\_\_
- Joint problems [osteoarthritis, rheumatoid arthritis, gout, TMJ, other].....Where? \_\_\_\_\_
- Tendonitis or Bursitis.....Where & How long? \_\_\_\_\_
- Carpal Tunnel.....Which side? \_\_\_\_\_
- Recent injury [sprain, whiplash, deep bruise, other].....Where & When? \_\_\_\_\_
- Neurological condition [sciatica, stroke, epilepsy, numbness/tingling, other].....Where? \_\_\_\_\_
- Multiple Sclerosis.....How does it affect you now? \_\_\_\_\_
- Circulatory condition [heart disease, phlebitis, atherosclerosis, other].....How long? \_\_\_\_\_
- Varicose veins.....Where? \_\_\_\_\_
- High blood pressure or Low blood pressure
- Lymphatic condition [swollen glands, lymphoma, lymphedema, other].....Where? \_\_\_\_\_
- Communicable disease [herpes, HIV+, AIDS, hepatitis, other] \_\_\_\_\_
- Emotional difficulties [depression, anxiety, psychotic episodes, other].....How often? \_\_\_\_\_
- Diarrhea or Constipation
- Diabetes [Type I or Type II]
- Pregnant.....How many months? \_\_\_\_\_
- Previous surgery.....Please state type(s) & year(s): \_\_\_\_\_ (use back)
- Allergies to skin products.....To what? \_\_\_\_\_
- Other condition(s) not listed above: \_\_\_\_\_
- Currently taking medications Please list name & reason: \_\_\_\_\_ (use back)
- Currently under medical care.....For what? \_\_\_\_\_

I understand that massage is not a replacement for medical care and that no diagnosis will be made. I acknowledge above medical conditions to be accurate and will inform therapist of any health changes prior to future sessions. I am responsible for paying a \$25 fee for any non-emergency appointment cancellation less than 6 hours and full session amount for failure to show. I understand any lateness is deducted from hands-on time. (Arriving 5-10 minutes earlier than scheduled works best).

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your time!  
ENJOY YOUR MASSAGE



**Massage Works!**



It's the natural way to better health,  
relaxation & pain reduction