

# Massage Health History Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Please check all of the following conditions that currently apply to you:

- Acute Infection
- Acute Injury
- Allergies
- Anxiety
- Arthritis
- Autoimmune Disorder
- Athlete's Foot
- Bruising/Bruise easily
- Cancer
- Cold/Flu
- Chronic Back Pain
- Depression
- Diabetes
  - insulin dependent?
- Digestive Concerns
- Dizziness
- Edema
- Epilepsy/Seizures/  
Convulsions
- Fatigue
- Fever
- Fibromyalgia
- Headaches
- Heart Condition
- Herniated Disc
- High Blood Pressure
- Infectious Condition
- Insomnia
- Loss of Range of Motion
- Muscle Spasms
- Muscle Tension
- Numbness or Tingling
  - location
- Osteoporosis
- Pain
- Phlebitis/Thrombosis
- Pregnancy
  - # weeks
- Skin Condition/Rash
- Stiff Neck/Shoulders
- TMJ Dysfunction
- Varicose Veins

How did you hear about us? \_\_\_\_\_

Have you experienced professional massage? \_\_\_\_\_

How frequently? \_\_\_\_\_ Preferred pressure? \_\_\_\_\_

Please describe your reason for this visit, including any current complaints and areas of tension or discomfort: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any areas you would like me to avoid? \_\_\_\_\_

Please list all previous injuries/surgeries and their dates: \_\_\_\_\_  
\_\_\_\_\_

Please describe any regular physical activity you do and how frequently: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications you currently take: \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please take a moment to read the following and sign below:

I understand that the massage/bodywork I receive is provided for the purpose of relaxation and relief of muscular tension. If I experience pain or discomfort during the 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 treatment. I understand that massage/bodywork practitioners are not qualified to diagnose, prescribe or treat 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 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 forget to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I understand that if I cancel an appointment within 24 hours of the scheduled appointment time, I am responsible for payment of half of the session.

Client: \_\_\_\_\_ Dated: \_\_\_\_\_

Practitioner: \_\_\_\_\_ Dated: \_\_\_\_\_