Therapeutic Massage Client Health Information Form

Name (First)_____ (MI)_____ (Last)_____
Address_____
City_____ State_____ Zip_____
Telephone Home:_____Emergency:_____

Email_____
Date of Birth_____ Male__ Female __

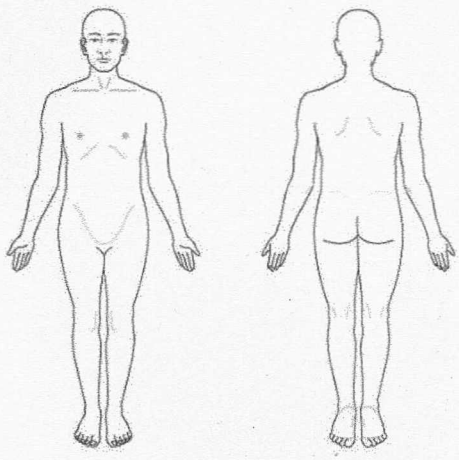
Occupation _____ What kind of repetitive motions do you perform in your occupation? _____
What is your primary reason for massage?

_____

Who referred you? I would like to thank them._____

Please check any condition(s) and/or symptom(s) that you have:

- o Abdominal pain
- o Digestive disorders
- o Low blood pressure
- o Allergies
- o Dizziness
- o Migraine headache
- o Arthritis
- o Depression
- o Muscular injuries
- o Blood clots
- o Fatigue
- o Respiratory disorder
- o Carpal tunnel
- o Heart disease
- o Sinusitis
- o Chest pain
- o High blood pressure
- o Skeletal injuries
- o Circulatory disorder
- o Insomnia
- o Skin disorder
- o Contagious disease
- o Joint disorder
- o Spinal disorder
- o Constipation
- o Kidney disorder
- o Varicose veins
- o Diabetes
- o Liver disease
- o Cancer



Please shade in the areas above that are causing you discomfort and /or pain.

Use this space to describe any of the above conditions and symptoms and list any additional conditions you may have_____

Physicians Name _____Phone #_____
Address (or office building) _____

Is there *anything* else that I should know about you, your health, or your body *before* administering massage therapy? Please describe_____

- I understand that the massage therapist does not diagnose. The massage therapist does not prescribe medical treatment or medications, nor do they perform spinal manipulations. Massage is not to be used as a substitute for medical examination or diagnosis and it is recommended that I see a physician for any ailments that I might have.

- I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

As this is a professional business, I understand 24 hours must be given for any canceled or rescheduled appointment.

Signature_____ Date_____