

# Health Information



Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this massage/bodywork medically necessary (*is it for a medical condition, injury, surgery*)?  Yes  No

## Massage Information

Have you ever received professional massage/bodywork before?  Yes  No

How recently? \_\_\_\_\_

What types of massage/bodywork do you prefer? \_\_\_\_\_

What kind of pressure do you prefer?  Light  Medium  Firm

What are your goals/expected outcomes for receiving massage/bodywork? \_\_\_\_\_

\_\_\_\_\_

How do you feel today? \_\_\_\_\_

List and prioritize your current symptoms/issues (*stress, pain, stiffness, numbness/tingling, swelling, etc.*): \_

\_\_\_\_\_

\_\_\_\_\_

Do these symptoms interfere with your activities of daily living?  Yes  No  
(*e.g., sleep, exercise, work, childcare*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the medications you currently take: \_\_\_\_\_

\_\_\_\_\_

Are you pregnant?  Yes  No

Have you had any injuries or surgeries in the past that may influence today's treatment? \_\_\_\_\_

\_\_\_\_\_

Check any boxes of the following health conditions that you currently have (If you are unsure, please ask):  
Please answer honestly, as massage may not be indicated for the above conditions

blood clots  infections  congestive heart failure  contagious diseases

pitted edema

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

- Muscle or joint pain/stiffness:  Current     Past
- Numbness or tingling:  Current     Past
- Bruise easily:  Current     Past
- High/Low blood pressure:  Current     Past
- Stroke, heart attack:  Current     Past
- Varicose veins:  Current     Past
- Shortness of breath, asthma:  Current     Past
- Cancer:  Current     Past
- Neurological (*e.g. MS, Parkinson's, chronic pain*):  Current     Past
- Epilepsy, seizures:  Current     Past
- Headaches, Migraines:  Current     Past
- Digestive conditions (*e.g. Crohn's, IBS*):  Current     Past
- Gas, bloating, constipation:  Current     Past
- Kidney disease, infection:  Current     Past
- Arthritis (*rheumatoid, osteoarthritis*):  Current     Past
- Osteoporosis, degenerative spine/disk:  Current     Past
- Scoliosis:  Current     Past
- Broken bones:  Current     Past
- Diabetes:  Current     Past
- Depression, anxiety:  Current     Past
- Athletes Foot or Plantars Warts:  Current     Past

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Are there any other medical concerns that I should be made aware of?

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**Consent for Treatment**

If I experience any pain or discomfort during this 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 examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any 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 medical 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 fail 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.

Understanding all of this, I give my consent to receive care.

Client Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (in case of a minor):

\_\_\_\_\_ Date: \_\_\_\_\_