# Client Health History

Please read the following information so that your massage may be the best experience possible. When you are done, please sign where indicated.

Massage can trigger a wide variety of symptoms depending on each individual person. These symptoms can consist of both emotional and bodily releases. This is not uncommon, so there is no need to apologize if it happens, there will be no judging of any kind. Anything that happens or is said within this session will be kept confidential between my therapist and I, unless otherwise discussed.

I understand that if all my needs cannot be met, I can ask for a referral to another therapist. If I experience any pain or discomfort throughout the session I will immediately inform the therapist of how to adjust the pressure and strokes to my comfort level. I also understand that Massage/bodywork is not 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 that I am aware of; And if I feel that massage is helping me with a certain ailment, I will consult my doctor before decreasing or completely stopping any medications that I have been prescribed for that ailment. I also understand that any suggestions made by my Therapist on "aftercare" is purely suggestion and not prescription and it is my choice alone to do what my Therapist has suggested to me. I further understand that Massage Therapists are different from Chiropractors. Massage Therapists are not licensed to work with the spine or skeletal adjustments. Since massage can be contraindicated for some medical conditions, I affirm that I have stated all of my conditions/ailments and answered all questions honestly. I agree to keep my therapist informed of any changes that may occur with my medications or body ailments and that there shall be no liability on the therapists part should I forget to do so. There is also an understanding that if I display any harmful/offensive/sexual acts, advances, or comments, then it will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment.

Signature: _____ Date: _____

Consent to Treatment of Minor: By my signature below, I hereby authorize therapist to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian: _____ Date: _____

# Client Health History

**Name:**_____ **Date:** _____

**Addr:** _____ **City:** _____ **St:** ____ **Zip:** _____

**Phone -- Home:** _____ **Mobile:** _____ **Work:** _____

**Date Of Birth:** _____ **Referred by:** _____

**E-Mail:** _____

**Emergency contact -- Name:** _____ **Phone #:** _____

**Occupation:** _____

**Daily activities** ***(including sports and recreational activities)*****:**

_____

**Please list any medications you have taken within the last 48 hours** ***(including over the counter):***

_____

**Please list any injuries in the past 2 years:** _____

_____

**Please list all surgeries you have had:** _____

_____

Circle one:

**Have you had a massage before?** Yes No **Was it a positive or negative experience? Why?**

_____

**Do You Smoke?** Yes No

**How often Drink Alcohol?** Never Occasionally 1-2 per Day 3+ per Day

**Contact Lenses?** Yes No **Dentures?** Yes No **Braces?** Yes No

**Please list all allergies:** _____

_____

# Client Health History

**Please "X" all that apply to you:**

__ Headaches __ Arthritis __ Epilepsy __ Pregnant (or trying)

__ Varicose Veins __ Diabetes __ Skin irritations __ Sensitive Skin

__ Heart Trouble __ Insomnia __ High Blood Pressure __ Low Blood Pressure

__ Anemic __ Artificial Joints/Limbs/pins etc __ Asthma

__ Bunion __ Gout __ Plantar Fasciitis __ Morton's Neuroma

__ Hammer Toes __ Menopause __ Pes Planus __ Carpal Tunnel Syndrome

__ Sciatica (diagnosed) __ Wrist pain __ Thoracic Outlet Syndrome

__ Raynaud's Disease __ Golfer's elbow __ Tennis Elbow

__ Rheumatoid Arthritis __ Osteoarthritis __ Tremoring

__ Numbness/Stabbing pains __ Thyroid condition __ Chronic Fatigue

__ Difficulty with digestion/urination __ Cancer/Tumors (past/present)

__ Any heart or circulatory conditions __ Any Organs removed _____

__ Contagious diseases (cold/flu/athlete's foot/etc.)

__ Dupuytren's Contracture (ring and pinkie finger permanently bent)

__ De Quervain's Disease (does it hurt to ring out a washcloth)

__ Reproductive System issues-Please circle-(PMS, Endometriosis, Fibroids, Fertility, Prostate issues, impotence, pregnancy issues, # of pregnancies, other)

__ Any unexplained pains/sensations _____

__ Tension? Where _____

__ Other: _____

**Is there anything else that was not mentioned that you would like me to know?** _____

_____

**Aromatherapy Essential Oil preferences:** _____

_____