

Client Health History

Personal Information



Date _____

Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Cell _____

Email _____

Appointment Reminders: Email Cell

If yes, cell carrier (Verizon, etc) _____

Referred By _____

Occupation _____

Emergency Contact _____

Phone _____

Medical Information

Are you taking any medications? Yes No

If yes, please list and explain _____

Are you pregnant? Yes No

If yes, how far along? _____

Do you suffer from chronic pain? Yes No

If yes, what makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries/surgeries?

Yes No If yes, please explain _____

Please indicate any of the following that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |

Please explain any condition you have marked above:

Massage Information

Have you had a professional massage? Yes No

What type of massage are you seeking?

- Relaxation Therapeutic/Deep Tissue

What pressure do you prefer?

- Light Medium Deep

Do you have any allergies or sensitivities? Yes No

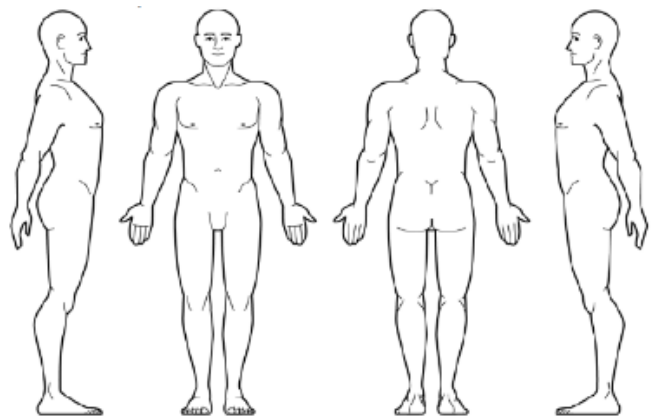
Please explain _____

Are there any areas (feet, face, etc) you do not want massaged? Yes No

Please explain _____

What are you goals for this treatment session?

Please circle any areas of discomfort



*By signing below, you agree to the following.
I have completed this form to the best of my ability and knowledge
and agree to inform my therapist if any of the above information
changes at any time.*

Client Signature _____ Date _____