

## Massage Health Form – CONFIDENTIAL INFORMATION

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

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

Have you ever received massage therapy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Medications: \_\_\_\_\_

Are you currently seeing a healthcare professional? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list names and reason/treatment: \_\_\_\_\_

\*If you need more room, please write on back on paper.

Please check conditions that have affected your health either recently or in the past.

- |                                                  |                                                                            |
|--------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> arthritis               | <input type="checkbox"/> depression, anxiety                               |
| <input type="checkbox"/> diabetes                | <input type="checkbox"/> autoimmune conditions                             |
| <input type="checkbox"/> blood clots             | <input type="checkbox"/> headaches/migraines                               |
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> heart conditions                                  |
| <input type="checkbox"/> bruise easily           | <input type="checkbox"/> back problems                                     |
| <input type="checkbox"/> cancer                  | <input type="checkbox"/> high blood pressure                               |
| <input type="checkbox"/> varicose veins          | <input type="checkbox"/> insomnia                                          |
| <input type="checkbox"/> diverticulitis          | <input type="checkbox"/> muscle strain/sprain                              |
| <input type="checkbox"/> hepatitis               | <input type="checkbox"/> pregnancy                                         |
| <input type="checkbox"/> skin conditions         | <input type="checkbox"/> allergies (latex, nuts, meds, environmental, etc) |
| <input type="checkbox"/> stroke                  | <input type="checkbox"/> seizures                                          |
| <input type="checkbox"/> surgery                 | <input type="checkbox"/> whiplash                                          |
| <input type="checkbox"/> TMJ disorder            | <input type="checkbox"/> chemical dependency (alcohol, drugs)              |
| <input type="checkbox"/> chronic pain            | <input type="checkbox"/> Covid-19                                          |

What are your goals for this visit? \_\_\_\_\_

I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully. I do not hold the massage therapist liable for any claims, obligations or injuries.

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