

Welcome! Please share some information about yourself so that this session can best meet your needs.

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Name:

Date:

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Email:

Phone:

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Address:

City:

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State:

Zip Code:

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Date of Birth:

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Emergency Contact Name:

Phone:

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Relationship:

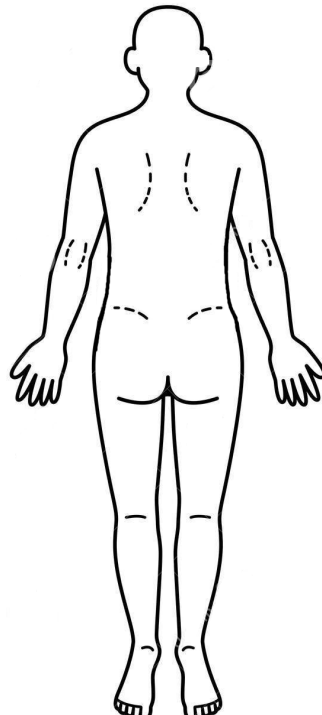
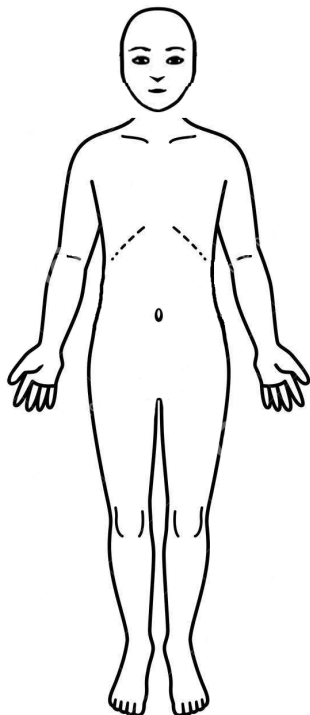
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*Health*

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Primary reason for today's visit:

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Please mark the parts of the body:

- a. That bother you most (in red)
- b. That feel good (in green)

If today's visit is related to a condition or injury:

When did this condition/concern begin?

Any causes you're aware of?

What makes it better or worse?

Do you have a medical diagnosis for it?

Are you receiving other types of treatments (physical therapy, chiropractor, acupuncture, etc..)

Any other accidents, injuries or surgeries in the past 2 years?

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Please circle any conditions that apply to you ("C" for current and/or "P" for past):

allergies	C P	herniated disc	C P
arthritis	C P	insomnia / sleep issues	C P
cancer	C P	joint pain	C P
chronic fatigue / pain	C P	nerve pain	C P
concussion(s)	C P	osteoporosis	C P
diabetes	C P	scoliosis	C P
dizziness / vertigo	C P	sprains / strains	C P
edema / swelling	C P	stroke	C P
headaches	C P	tinnitus / ringing in ears	C P
heart/blood pressure	C P	whiplash	C P

Comments on any of the above:

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I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will notify the practitioner of any change to my health status. I understand that massage therapists do not diagnose disease, nor do they prescribe medical treatments. I acknowledge that treatments are not a substitute for medical examination or diagnosis. If I experience any pain or discomfort during the session, I will immediately inform the practitioner.

Signature:

Date: