

Welcome! Please help me serve you, by sharing some information about yourself.

Name:

Date:

Email:

Phone:

Address:

City:

State:

Zip Code:

Date of Birth:

Occupation:

Emergency Contact Name:

Phone:

Relationship:

Health

Primary reason for today's visit:

If the above is related to an accident or injury, please describe the incident briefly and when it occurred:

Does the above interfere with work, sleep or recreation?

What makes it better or worse?

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

Current medications and supplements (including over-the-counter pain relievers and herbal remedies):

Please list any accidents, injuries or surgeries in the past 12 months:

Please share any restorative, recreational, or stress-reducing activities that you enjoy:

History

Have you received massage therapy before?

If yes, date of most recent session:

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

Stress	C	P	Insomnia / Sleep issues	C	P	Edema/Swelling	C	P
Chronic pain	C	P	Dizziness	C	P	Concussion(s)	C	P
Sprains/Strains	C	P	Tinnitus / Ringing in ears	C	P	Vision issues	C	P
Jaw Pain / TMJ Dysfunction	C	P	Headaches	C	P	High Blood Pressure	C	P
Numbness/Tingling	C	P	Fatigue	C	P	Low Blood Pressure	C	P
Herniated disc	C	P	Scoliosis	C	P	Sinus Issues	C	P
Blood Clots	C	P	Arthritis	C	P	Fibromyalgia	C	P
Varicose Veins	C	P	Osteoporosis	C	P	Seizures	C	P
Diabetes	C	P	Easily bruised	C	P	Cancer	C	P
Rashes	C	P	Whiplash	C	P			

Other:

Are you pregnant?

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, or physical or mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations. 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:

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