

# CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(h): \_\_\_\_\_ (w) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Referred by: \_\_\_\_\_ e-mail: \_\_\_\_\_

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Is this your first professional massage? \_\_\_\_\_ If no, how frequently do you get a massage? \_\_\_\_\_

What do you hope to accomplish from today's massage? \_\_\_\_\_

Are you aware of any tension holding spots in your body? \_\_\_\_\_ If yes, location(s) \_\_\_\_\_

Describe any surgeries, hospitalizations, accidents or injuries you have had:

Less than 5 years ago: \_\_\_\_\_

More than 5 years ago: \_\_\_\_\_

What kind of care did you receive for your accidents or injuries? \_\_\_\_\_

Do you feel that you have recovered from these events? \_\_\_\_\_ Please explain: \_\_\_\_\_

Do you have any chronic, ongoing pain that you deal with on a regular basis? \_\_\_\_\_

Please explain: \_\_\_\_\_

Describe what activities cause this pain and/or make it worse: \_\_\_\_\_

Are you receiving any other type of medical treatment? \_\_\_\_\_ Please explain: \_\_\_\_\_

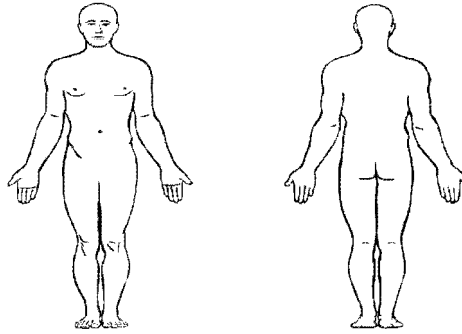
Please list any medication (vitamins, herbs or pharmaceutical) taken now or at regular intervals (include explanation of what medication is used to treat): \_\_\_\_\_  
\_\_\_\_\_

Are you currently under the care of a physician? \_\_\_\_\_ Whom? \_\_\_\_\_

Please list reason(s): \_\_\_\_\_

Are there any other health concerns you wish to discuss today? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Please indicate where you experience pain on the drawing below



Are you currently experiencing any of the following conditions?

Flu or Cold       Inflammation       Fever       Infection       Contagious Disease

Please check any of the following conditions below that currently affect you or that you have experienced in the last 5 years.

**MUSCULOSKELETAL**

- Fibromyalgia
- Spasms/Cramps
- Sprains/Strains
- Osteoporosis
- Postural Deviations
- Gout
- Osteoarthritis/Rheumatoid Arthritis
- TMJ
- Cysts
- Bursitis
- Plantar Fasciitis
- Tendonitis
- Torticollis
- Whiplash Syndrome
- Carpal Tunnel Syndrome
- Sciatica
- Thoracic Outlet Syndrome
- Headache
- Leg Pain
- Arm Pain/Shoulder Pain
- Low Back Pain
- Mid Back Pain
- Hip Pain
- Other \_\_\_\_\_

**RESPIRATORY**

- Pneumonia
- Sinusitis
- Asthma
- Trouble Breathing
- Dizziness
- Other \_\_\_\_\_

**CIRCULATORY**

- Anemia
- Hemophilia
- Hypertension
- Low Blood Pressure
- Raynaud's Disease
- Varicose Veins
- Heart Condition
- Blood Clots/Phlebitis
- Diabetes
- Other \_\_\_\_\_

**DIGESTIVE**

- Ulcers
- Irritable Bowel Syndrome
- Colitis
- Gallstones
- Hepatitis
- Crohn's Disease
- Diarrhea
- Gas/Bloating
- Indigestion
- Other \_\_\_\_\_

**SKIN**

- Fungal Infections
- Acne
- Impetigo
- Dermatitis/Eczema
- Psoriasis
- Open Wound or Sore
- Rashes
- Warts/Moles
- Athletes Foot
- Other \_\_\_\_\_

**NERVOUS SYSTEM**

- ALS
- Multiple Sclerosis
- Parkinson's Disease
- Bell's Palsy
- Neuritis
- Spinal Cord Injury
- Stroke
- Trigeminal Neuralgia
- Seizure Disorders
- Numbness/Tingling/Twitching
- Other \_\_\_\_\_

**OTHER**

- Insomnia
- Anxiety/Panic Attacks
- PMS
- Grief Process
- Cancer
- Substance Abuse
- Pregnancy
- Chronic Fatigue
- HIV/AIDS
- Lupus
- Kidney Disease
- Bladder Infection
- Postoperative Situation
- Edema
- Other \_\_\_\_\_

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) may be charged in full for the price of the missed session.

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