



Important, please read: Your health history is highly confidential. The information you provide will be kept confidential and will ensure that I provide you with a safe and effective treatment. Please take your time completing this form.

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

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

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

Referred To By \_\_\_\_\_ Is this your First Massage? Yes or No

When/where was your last massage? \_\_\_\_\_

Do you understand that we provide only professional therapeutic massage? Yes or No

List Allergies, including food: \_\_\_\_\_

List Surgeries: \_\_\_\_\_

Accidents/Injuries, including Car, Sprains, Tendonitis, etc: \_\_\_\_\_

Family History of Heart Disease and/or Diabetes? Explain: \_\_\_\_\_

Closed-Head Injury or Seizure? Explain: \_\_\_\_\_

**Please mark the following conditions that apply now with "X", and past conditions with "P"**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> headaches/migraines    | <input type="checkbox"/> chronic pain          | <input type="checkbox"/> fatigue            |
| <input type="checkbox"/> vision problems        | <input type="checkbox"/> muscle/joint pain     | <input type="checkbox"/> tension, stress    |
| <input type="checkbox"/> hearing problems       | <input type="checkbox"/> muscle/bone injury    | <input type="checkbox"/> depression         |
| <input type="checkbox"/> injury to face or head | <input type="checkbox"/> numbness/tingling     | <input type="checkbox"/> sleep difficulties |
| <input type="checkbox"/> sinus problems         | <input type="checkbox"/> sprains/strains       | <input type="checkbox"/> allergies          |
| <input type="checkbox"/> dental bridges         | <input type="checkbox"/> arthritis/tendonitis  | <input type="checkbox"/> rashes             |
| <input type="checkbox"/> TMJ/Jaw pain           | <input type="checkbox"/> cancer/tumors         | <input type="checkbox"/> infectious disease |
| <input type="checkbox"/> constipation/diarrhea  | <input type="checkbox"/> blood clots           | <input type="checkbox"/> varicose veins     |
| <input type="checkbox"/> hernia                 | <input type="checkbox"/> diabetes              | <input type="checkbox"/> pregnancy          |
| <input type="checkbox"/> asthma                 | <input type="checkbox"/> heart problems        | <input type="checkbox"/> high/low BP        |
| <input type="checkbox"/> digestive problems     | <input type="checkbox"/> spinal cord disorders | <input type="checkbox"/> lung conditions    |

Please explain any issues listed above in greater detail, if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



What brings you in today? Explain what area(s) of your body is bothering you: \_\_\_\_\_

\_\_\_\_\_

Have you ever practiced yoga, pilates, or meditation? \_\_\_\_\_

\_\_\_\_\_

List your exercise, sport and/or hobby: \_\_\_\_\_

\_\_\_\_\_

**Our Therapeutic Agreement:**

I understand that massage therapy is strictly a professional therapy and in general provides benefits of stress reduction; relief from muscular tension, spasm or pain and it increases circulation. I understand that massage therapists and bodyworkers do not diagnose illness or disease, perform any spinal manipulations, nor do they prescribe any medical treatments. I am aware that therapeutic massage and bodywork is not a substitute for medical examination or diagnosis, and it is recommended that I see a health care provider for those services. I accept that massage promises no long-term cures nor will it alleviate my health problems. I have stated all medical conditions that I am aware of and will update the massage therapist of any changes in my health status.

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

**Cancellation Policy Agreement:**

Remembering your appointment is your responsibility, and courtesy reminder calls are available for your convenience. If you must reschedule or cancel, please cancel by 9:00 a.m. on the day of your appointment to avoid a \$40.00 fee. Exceptions can be made only in emergency situations.

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