

PERSONAL HEALTH INFORMATION – This form is kept CONFIDENTIAL – for my use only

Name _____ Today's Date _____

Your Address _____ City _____ State _____ Zip _____

Email _____ May we add you to our monthly email list? Yes No

Birthday _____ / _____ / _____ Circle: M F Referred by _____

Preferred Phone # for confirmations _____ Is this Cell/ Home/ Work? Other # _____

Emergency Contact _____ Phone # _____

MESSAGE HISTORY/ TREATMENT INFORMATION: Please use back of page if necessary.

Have you ever received a professional massage? Yes / No When was your last massage? _____

Please list your primary complaints and areas of tension you are feeling today. _____

Please list any strains, sprains, disk problems, accidents or other musculo-skeletal injuries. _____

What kinds of work activities, exercise, and/or sports, do you do? (computers, phones, sitting, lifting, driving, etc.)

PLEASE CHECK ANY AND ALL THAT APPLY TO YOU: (massage practitioner will ask further details)

Dizziness _____ Stroke _____ Heart Attack _____ High/Low Blood Pressure _____ Diabetes _____ Nausea _____

Circulatory Problems _____ Contagious Disease/Condition _____ Surgeries _____ Allergies _____

Skin Rashes/ Conditions _____ Pregnant _____ On Medication(s) _____ Other _____

PLEASE CHECK EACH ITEM BELOW ACKNOWLEDGING YOUR UNDERSTANDING, THEN SIGN:

- I understand that I must give 24 hours notice of cancellation in order to avoid being charged for the therapist's time.
- It is my choice to receive massage therapy. I realize that the treatment is being given for the well being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel my well being is being compromised.
- I understand that massage practitioners do not diagnose illness, disease or any physical or mental disorder; nor do they prescribe medical treatments, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.
- I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

Signed _____

Date _____