

# Massage/Bodywork Medical History Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

For TEXT MESSAGE reminders for future visits please provide Cell Provider: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Medications/Purpose: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Have you ever had a professional massage before? \_\_\_\_\_ If yes, what type: \_\_\_\_\_

What is your reason for choosing massage and what results do you expect from this treatment?

## health history

### Musculoskeletal

- ☐ Migraines/Headaches
- ☐ Joint stiffness/swelling
- ☐ Spasms/Cramps
- ☐ Broken/Fractured bones
- ☐ Strains/Sprains
- ☐ Back, hip pain
- ☐ Shoulder, neck, arm/hand pain
- ☐ Leg, foot pain
- ☐ Tendonitis/Bursitis
- ☐ Arthritis/Gout
- ☐ Jaw Pain (TMJ)
- ☐ Lupus
- ☐ Spinal Problems
- ☐ Osteoporosis
- ☐ Bone or joint disease
- ☐ Other: \_\_\_\_\_

### Circulatory

- ☐ Dizziness
- ☐ Fainting
- ☐ Stroke
- ☐ Cold Sweats
- ☐ Swollen ankles
- ☐ Heart Condition
- ☐ Phlebitis/Varicose Veins
- ☐ Blood Clots
- ☐ High/Low Blood Pressure
- ☐ Lymphedema
- ☐ Thrombosis/Embolism
- ☐ Other: \_\_\_\_\_

### Respiratory

- ☐ Breathing Difficulty/Asthma
- ☐ Emphysema
- ☐ Allergies, specify: \_\_\_\_\_
- ☐ Sinus Problems
- ☐ Other: \_\_\_\_\_

### Nervous System

- ☐ Fatigue
- ☐ Seizures/Epilepsy
- ☐ Shingles
- ☐ Numbness/Tingling
- ☐ Pinched Nerve
- ☐ Chronic Pain
- ☐ Sleep disorders
- ☐ Paralysis
- ☐ Multiple Sclerosis
- ☐ Parkinson's Disease
- ☐ Other: \_\_\_\_\_

### Digestive

- ☐ Irritable Bowel Syndrome
- ☐ Bladder/Kidney Ailment
- ☐ Colitis
- ☐ Crohn's Disease
- ☐ Ulcers
- ☐ Other: \_\_\_\_\_

### Skin

- ☐ Allergies, specify: \_\_\_\_\_
- ☐ Rashes
- ☐ Cosmetic Surgery
- ☐ Athlete's Foot
- ☐ Herpes/Cold Sores
- ☐ Other: \_\_\_\_\_

### Reproductive

- ☐ Pregnant, stage \_\_\_\_\_
- ☐ Ovarian/Menstrual Problems
- ☐ Prostate Problems
- ☐ Other: \_\_\_\_\_

### Psychological

- ☐ Anxiety
- ☐ Stress
- ☐ Depression
- ☐ Other: \_\_\_\_\_

### Other

- ☐ Cancer/Tumors
- ☐ Diabetes
- ☐ Lyme Disease
- ☐ Drug/Alcohol/Tobacco Use
- ☐ Contact Lenses
- ☐ Dentures
- ☐ Hearing Aids
- ☐ Infectious disease (please list) \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Any other medical condition(s) not listed: \_\_\_\_\_

Please explain any of the conditions that you marked: \_\_\_\_\_

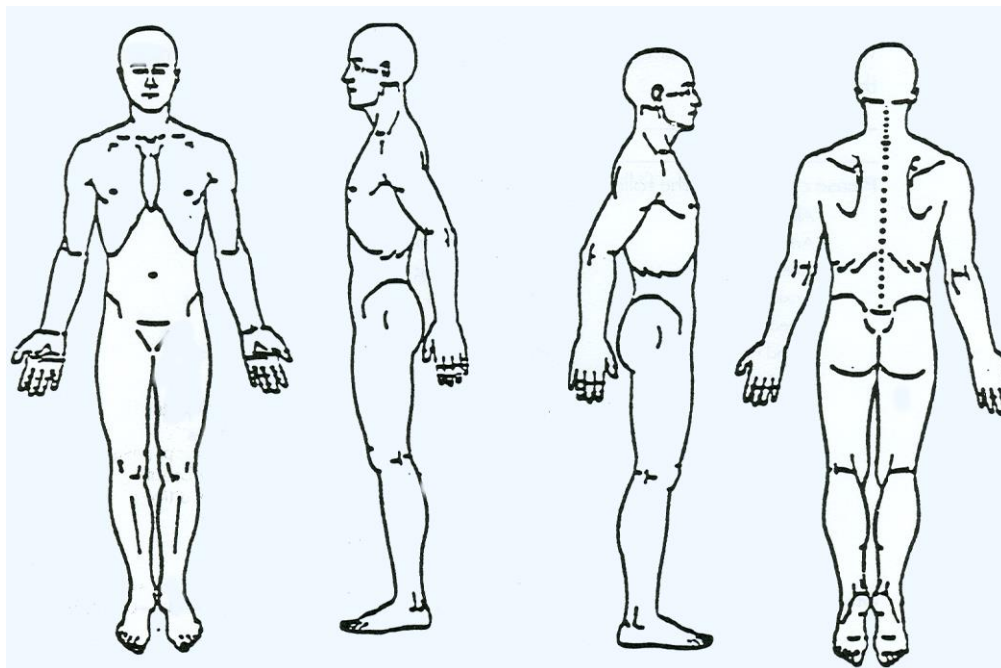
Please include recent accidents, surgeries, syndromes, and anything else pertinent to your health.

What are your exercise habits? \_\_\_\_\_

Please mark on the drawings below where your pain is and where you hold tension.

Left Side

Right Side



I understand that massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that pressure and/or strokes may be adjusted to my level of comfort. If I have been diagnosed by a licensed health professional as having any disease, injury or any other physical or mental condition, I understand that I should inform the person who made the diagnosis, about the session I will be receiving. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician or other qualified specialist for any ailment that I am aware. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner up to date on any changes to my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so. It is understood that any illicit or sexually suggestive remarks, advances or actions made by me will result in immediate termination of the session, payment in full to be made and reporting to local authorities.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Parent or legal guardian, if client is under 18 years of age.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_