Confidential Client Health History

Massage Therapy By Dana
Heart Hand Body Soul

Client Information

Name: _____ D.O.B._____

Address: _____

City: _____ State/Zipcode: _____

Phone: _____ Cell Phone: _____

Email: _____

Would you like to receive occasional newsletters or specials via email? *Yes* *No*

Emergency Contact: _____ Phone: _____

Primary Care Physican: _____ Phone: _____

May I contact if necessary with your permission? *Yes* *No* _____ (please initial if yes)

Occupation: _____ Referred by: _____

Massage Experience

1. What is your reason for seeking therapeutic massage?

   Relaxation *Wellness* *Medical referral* *Injury* *Other*

   Please describe: _____

2. Have you had a therapeutic massage before? *Yes* *No* Please describe types and frequency:

   _____

3. Do you often feel stressed? *Yes* *No* To what degree? *Extreme* *High* *Average* *Low*

4. Do you like music during your massage session? *Yes* *No*

   What types? *Relaxation* *Classical* *Jazz* *Nature* *New Age* *Other* _____

5. What kind of pressure do you prefer? *Light* *Medium* *Firm*

6. Are you sensitive to touch or pressure in any area? *Yes* *No* _____

Current Health

7. Do you perform repetitive moment in your work, sports or hobbies? Do you sit for long periods of time? *Yes* *No* Please describe: _____

   _____

8. Do you exercise regularly? *Yes* *No* Please describe types and frequency: _____

   _____

9. Are there any areas of your body where you tend to experience chronic pain, soreness, tension or stiffness? *Yes* *No* Please describe: _____

_____

10. Are you currently under the care of a physician? *Yes* *No* If yes, explain: _____

_____

11. What treatments or therapies are you currently undergoing? _____

_____

If you answer "yes" to any of the following questions, please explain.

Yes	*No*	Do you have a cold or flu?	*Yes*	*No*	Are you pregnant? Due date:_____
Yes	*No*	Do you have any infections?	*Yes*	*No*	Do you have any contagious diseases?
Yes	*No*	Do you Have a fever?	*Yes*	*No*	Do you have high blood pressure?
Yes	*No*	Do you wear contact lenses?	*Yes*	*No*	Are you taking HBP medication?
Yes	*No*	Do you have any bruises?	*Yes*	*No*	Do you have diabetes?
Yes	*No*	Do you have any open cuts?	*Yes*	*No*	Do you get blood clots?
Yes	*No*	Do you have any skin rashes?	*Yes*	*No*	Do you have heart disease?
Yes	*No*	Do you have any contact allergies?	*Yes*	*No*	Do you have varicose veins?
Yes	*No*	Do you have eczema or psoriasis?	*Yes*	*No*	Do you have cancer?
Yes	*No*	Do you have muscle pains?	*Yes*	*No*	Chemotherapy or radiation therapy?
Yes	*No*	Do you have scoliosis?			Date:_____
Yes	*No*	Do you have herniated discs?	*Yes*	*No*	Do you have kidney disease?
Yes	*No*	Do you have any dislocated joints?	*Yes*	*No*	Do you have lupus?
Yes	*No*	Do you have bursitis or tendonitis?	*Yes*	*No*	Have you had a stroke?
Yes	*No*	Do you have any sprains or strains?	*Yes*	*No*	Do you suffer from epilepsy/ seizures?
Yes	*No*	Do you have osteoporosis?	*Yes*	*No*	Numbness or stabbing pains?
Yes	*No*	Do you have fibromyalgia?	*Yes*	*No*	Cortisone injection Date:_____

Describe your overall health, any injuries/ surgeries and the dates they occurred. Please advise me of any pins, screws or artificial joints:

_____

_____

List all current medication(s) and condition(s) being treated:

_____

_____

The information I have provided is accurate and complete to the best of my knowledge.

I understand that massage therapists do not diagnose or treat disease, and that any care or recommendation I receive from my therapist is not a substitute for a physician's care. I take responsibility for alerting my therapist of any changes to my health status, medications and therapies before the session, as well as any and all responses perceived to be a result of massage therapy as soon as I become aware of them.

I understand that no sexual activity, comment or innuendo will be tolerated.

I understand that it is the right of the massage therapist to refuse services at its discretion based upon the client's conditions, therapist's skill set, client attitude or action, etc., without explanation or prior notice, and I agree to this policy.

Client's Signature:_____ Date:_____