

HEALTH HISTORY- Please use "c = current, p = past, s = sometimes"

MUSCULO-SKELETAL

- bone or joint disease _____
- tendinitis _____
- bursitis _____
- broken/ fractured bones _____
- arthritis _____
- sprains/ strains _____
- low back, hip, leg pain _____
- neck, shoulder, arm pain _____
- headaches, head injuries _____
- spasms/ cramps _____
- jaw pain/ TMJ _____
- lupus _____

CIRCULATORY

- heart condition _____
- varicose veins _____
- blood clots _____
- high blood pressure _____
- low blood pressure _____
- lymphedema _____
- breathing difficulty _____
- sinus problems _____
- allergies (inc. food) _____

REPRODUCTIVE

- pregnant (stage) _____
- PMS _____

OTHER _____

SKIN

- allergies _____
- rashes _____
- athlete's foot _____
- warts _____
- herpes simplex _____

DIGESTIVE

- irritable bowel syndrome _____
- constipation _____
- gas/ bloating _____
- diverticulitis _____

NERVOUS SYSTEM

- sleep disorders _____
- herpes/ shingles _____
- numbness/ tingling _____
- chronic pain _____
- fatigue _____

INFECTIOUS DISEASE

- disease name(s) _____
- cancer/ tumors _____
- depression _____
- diabetes _____
- eating disorders _____
- nicotine/ caffeine use _____
- drug/ alcohol use _____

I am my choice to receive massage therapy. I realize 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 treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and it is recommended that I see a primary 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. I agree to pay all charges incurred by receiving massage therapy in this practice. Payment is due at time of service.

SIGNATURE

DATE