

# Confidential Client Information and Health History

## PERSONAL DATA

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Method:  Cell  Home  Work  Email  Text

Occupation: \_\_\_\_\_ Referred By: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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## MESSAGE HISTORY / TREATMENT INFORMATION

Have you ever received a professional massage?  Yes  No

If yes, frequency: \_\_\_\_\_ Date of last massage: \_\_\_\_\_

If yes, purpose of treatment: \_\_\_\_\_

Are you currently seeing a medical practitioner:  Yes  No

If yes, explain: \_\_\_\_\_

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List stress reduction and exercise activities. Include frequency: \_\_\_\_\_

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List current medications, including aspirin, ibuprofen, etc : \_\_\_\_\_

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Any other comments or concerns about treatment? \_\_\_\_\_

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## MEDICAL HISTORY (include year and treatment received)

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

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Accidents: \_\_\_\_\_

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(Please remember to check and sign back)

**HEALTH HISTORY** (check all that apply)

**MUSCULO-SKELETAL**

- bone or joint disease \_\_\_\_\_
- tendonitis \_\_\_\_\_
- bursitis \_\_\_\_\_
- broken / fractured bones \_\_\_\_\_
- arthritis \_\_\_\_\_
- neck, shoulder, arm pain \_\_\_\_\_
- low back, hip, leg pain \_\_\_\_\_
- headaches / head injuries \_\_\_\_\_
- spasms / cramps \_\_\_\_\_
- jaw pain / TMJ dysfunction \_\_\_\_\_
- sprains / strains \_\_\_\_\_
- other \_\_\_\_\_

**CIRCULATORY**

- heart condition \_\_\_\_\_
- varicose veins \_\_\_\_\_
- blood clots \_\_\_\_\_
- high blood pressure \_\_\_\_\_
- low blood pressure \_\_\_\_\_
- lymphedema \_\_\_\_\_
- breathing difficulty \_\_\_\_\_
- sinus problems \_\_\_\_\_
- allergies \_\_\_\_\_
- other \_\_\_\_\_

**INFECTIOUS DISEASE**

\_\_\_\_\_

Anything else you wish to include? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SKIN**

- allergies \_\_\_\_\_
- rashes \_\_\_\_\_
- athlete's foot \_\_\_\_\_
- warts \_\_\_\_\_
- other \_\_\_\_\_

**DIGESTIVE**

- constipation \_\_\_\_\_
- gas / bloating \_\_\_\_\_
- diverticulitis \_\_\_\_\_
- IBS \_\_\_\_\_
- other \_\_\_\_\_

**NERVOUS SYSTEM**

- herpes / shingles \_\_\_\_\_
- numbness / tingling \_\_\_\_\_
- chronic pain \_\_\_\_\_
- fatigue \_\_\_\_\_
- sleep disorders \_\_\_\_\_

**REPRODUCTIVE**

- pregnant? stage \_\_\_\_\_
- PMS \_\_\_\_\_
- other \_\_\_\_\_

**OTHER**

- cancer / tumors \_\_\_\_\_
- diabetes \_\_\_\_\_
- eating disorders \_\_\_\_\_
- depression \_\_\_\_\_
- drug / alcohol addiction \_\_\_\_\_
- nicotine / caffeine addiction \_\_\_\_\_
- other \_\_\_\_\_

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The above information is accurate and true to the best of my knowledge. 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 massage therapist any time I feel my well being is being compromised.

I understand that massage therapists do not diagnose illness, disease, or any physical or mental disorders, 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 that it is recommended that I see a primary health care provider for that service.

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 updated as to any changes in my health status and understand that there shall be no liability on the practitioner's part if I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for full payment of the scheduled appointment.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_