

MASSAGE EXPERTS

Confidential Client Health History

Welcome to Massage Experts. We want to make your appointment as pleasant and comfortable as possible. All information provided is kept strictly confidential and protected at all times. The more we know about you the better treatment we can provide to meet your needs today.

NAME _____ DATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ CELL _____

EMAIL ADDRESS _____ DOB _____ AGE _____

OCCUPATION _____

In case of emergency who should we call? _____ cell no. _____

Are you currently taking prescription or non-prescription pain relief medication? _____

If yes for treatment of _____ Last time taken _____

For women: Are you Pregnant? _____ Due Date _____ High risk? _____

Have you ever had a massage before? _____

Was there anything in particular you liked or disliked about it? _____

Do you have any difficulty lying on your stomach, back or side?

If yes please explain _____

Do you sit or stand for long hours at a workstation, computer or driving? _____

If yes please describe _____

Do you perform any repetitive movement in your work, sports or hobbies? _____

If yes please describe _____

How would you describe your stress level? Please circle: Low Med High Very High

Is there a particular area of the body that is affected by your stress, work, home or hobbies? _____

If yes please explain _____

In order to plan a massage session that is safe and effective, we need some general information about your medical history.

Are you currently under medical supervision? _____
If yes please explain _____

Are you currently taking any prescription medication? _____
If yes please list and what for _____

Have you had a hip, shoulder or knee replacement? _____
If yes how long ago? _____

Do you have any bulging, herniated or degenerative disc issues? _____
If yes which ones? _____ is it a current or past issue? _____

Do you have any numbness, tingling or extreme pain from it now or in the past? _____
If yes Please explain _____

Do you have allergic reactions to oils, lotions, ointments, liniments or other substances put on your skin?
If yes please explain _____

Did your physician or other health care provider recommended massage for you today?
If yes please explain _____

Do you have any particular goals in mind for this massage session related to any of the conditions mentioned?

Is there anything else about your health history or about you that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

Knowing what motions your body goes through on a regular basis helps us to zero in on muscles that may be contributing to chronic pain and tightness and/or postural imbalances. Please answer the following questions to help us help you.

Do you exercise? _____ What type? _____ How often? _____

What type of recreational activities or hobbies are you currently involved in? _____

Please check any condition below that applies to you and then elaborate below under comments:

Skin conditions (e.g. acne, rash, psoriasis, allergy, easy bruising, contagious condition, sunburn open cuts, bruises or burns, irritated skin, poison ivy, athlete's foot)

Allergies (e.g. pollen, dust, mites, mold)

Past or recent accident, injury or surgery (e.g. whiplash, sprain, broken bones, deep bruise)

Muscular problems (e.g. cramping, chronic soreness and tightness, severe pain, tendonitis, sprains strains, fibromyalgia, inflammation)

Joint problems (e.g. osteo or rheumatoid arthritis, gout, hyper mobile joints, dislocations, bursitis, torn labrum)

Lymphatic condition (e.g. swollen glands, nodes removed, lymphoma, lymphedema)

Circulatory or blood conditions (e.g. atherosclerosis, varicose veins, phlebitis, arrhythmias, anemia, high or low blood pressure, recent heart attack or stroke, blood clots, heart disease)

Neurological conditions (e.g. numbness, pins and needles or tingling in any area of the body, sciatica, epilepsy, multiple sclerosis, cerebral palsy, seizures)

Immune system conditions (e.g. chronic fatigue, hashimotos, HIV, AIDS, coming down with a cold or flu)

Skeletal conditions (e.g. osteoporosis, bone cancer, spinal injury, stenosis, spondylolisthesis)

Headaches (e.g. tension, migraines, cluster, PMS)

Cancer or tumors

Previous surgery, disease or other medical condition that may be affecting you now

Elective surgery or procedures that may be affected by a massage

Comments:

We are very interested in knowing how you got to Massage Experts. Please circle any that apply.

saw our sign, gift certificate, internet, referral by a friend, spouse or doctor? Persons name so we may thank them _____ Other _____

Please indicate below with an X any areas you are feeling pain or discomfort.

Please indicate with an O any areas you are very ticklish.

Please shade in any areas you are feeling excess muscle tightness.

PLEASE TAKE A MOMENT TO READ THE FOLLOWING DISCLAIMER AND SIGN BELOW:

I understand that this massage is not a replacement for medical care and that no diagnosis will be made.

I understand that it is my responsibility to inform the therapist if I experience any pain or discomfort during the session.

Because massage is contraindicated (should not be done) 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist part should I forget to do so.

I understand that massage is circulatory and can intensify the effects of alcohol and recreational drugs. Therefore I agree not to drink any alcohol or take any recreational drugs before my massage session as they may have negative physical and/or emotional effects to my body.

I understand that if any illicit, sexually suggestive remarks, inappropriate behavior or advances are made by me including offensive language it will result in immediate termination of the session and I will be liable for payment in full.

I understand that Massage Experts has a 24 hour cancellation policy. We ask that should you need to cancel an appointment that you kindly give your therapist a 24 hour notice as to give him/her adequate time to re-book the appointment that was reserved for you. However, our policy is waived when sickness, inclement weather, family crises, emergency or loss of friend or family have occurred. We thank you in advance for your kind consideration of our time.

Signature _____ Date _____