## **Health History**

Name:Date of Birth:	1
Phone #s May a message be left? Yes / No	Notes:
Address:	
City: State: Zip:	
Email Address:	
Occupation/Hobbies:	
How did you hear about us?	
Emergency Contact::Phone:	
Check if you have any of the following today.   Cold/flu Severe pain Anything contagious   Open cuts/sores Skin rash Swelling/inflammation   Check if you have ever had or if you currently have any of the following. Allergies Infectious/contagious disease   Allergies Infectious/contagious disease Scoliosis   Arthritis/joint ache Skin condition Whiplash   Diabetes TMJ disorder Sciatica   Blood clots Headaches/migraines Current pregnancy   Cancer Stroke Seizures   Auto immune condition* High/low blood pressure Neurological problem   (*AIDS, fibromyalgia, lupus, etc.) Back problem Vertigo	S
Please list all surgeries/serious injuries in your lifetime:	
Please list any additional comments regarding your health and well-being:	
Have you experienced a professional massage before? If so, how long ago?	
Do you have any specific goals or desired outcomes for this session?	

Possible areas of massage include any/all of the following areas: head, face, arms, hands, abdomen, glutes/hips, legs,

feet, back, neck. Please cross out any areas you do not want massaged .

## Informed Consent: Please take a moment to carefully read the following and sign where indicated.

The above information is accurate to the best of my knowledge, and I give my permission to be massaged. I understand that this massage is not a replacement for medical care and that no diagnosis will be made. I agree to update the massage therapist of any changes in my health and understand that there shall be no liability on the practitioner's part should I fail to do so. I understand that the relationship between me and my massage therapist is a confidential one; all of my information is kept private. If I am uncomfortable in any way during my massage, I will inform my therapist immediately. I acknowledge that I have the right to end treatment at anytime. Should the need to cancel an appointment arise, I agree to give the massage therapist 24 hours notice or pay a \$25 cancellation fee.

**Clinic Use Only**