Client Confidential Health History

Full Name:	Last		Date: / /		
Address: City:		State:	_ Zip:		
Birth Date: / /	Age:	Female:	Male:		
Home Phone: () Cell Phone:	()				
Email Address:	We will never sell your ema	ail address to a third	party. We value your privacy.		
How did you hear about this massage practice?					
Occupation:					
Height: Weight:					
Have you ever received massage therapy?	_ If yes, what frequency:				
What type of pressure do you prefer? (please circle)	Light Moderate	Deep	Not Sure		
What results do you want from your massage?					
Please indicate any muscle problems and/or areas of chronic, tight muscles:					
Are you under the care of a physician or have any diagnosed conditions? If yes, please explain:					
List any medications you currently take:					
List any recent surgeries or injuries:					
Do you currently have a cold, flu, fever, areas of infection or inflammation?					
Are you wearing dentures?					

Please indicate any conditions that you are currently experiencing or have in the past:

Past	Present	Condition	Past	Present	Condition
0	0	Heart condition / High blood pressure	0	0	Osteoporosis / Broken, fractured bones
0	0	Vericose / Spider veins	0	0	Rheumatoid or osteo arthritis
0	0	Blood clots / Phlebitis	0	0	Bursitis / tendonitis / sprains
0	0	Asthma / Bronchitis / Respiratory Conditions	0	0	Diabetes
0	0	Ulcers or other digestive problems	0	0	Athlete's foot / skin infections / warts
0	0	Immune system function conditions	0	0	Kidney / urinary problems
0	0	Fibromyalgia	0	0	Hepatitis A, B, or C
0	0	Psychological disorders / Anxiety	0	0	Headaches / migraines
0	0	Allergy symptoms	0	0	Seizures
0	0	Excessive fatigue	0	0	Numbness / tingling / nerve degeneration /
0	0	Back/Spinal Problems / Sciatica			loss of sensory perception

Please read the following information and sign below to indicate agreement:

- This is a therapeutic massage. Any sexual remarks or advances will terminate the session and I will be liable for the full payment for the scheduled treatment.
- I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any physical or mental ailment that I am aware of.
- Being that massage is contraindicated (should not be done) under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully. I agree to keep the massage therapist updated as to any changes in my medical profile, and understand that there shall be no liability on the therapist's part should I forget to do so.
- Cancellation/Late Arrival Policy: I agree to provide at least 24 hours advance notice if I need to cancel an appointment, otherwise I will pay a \$30 cancellation fee. If I arrive late, I understand my session may be shortened and will be charged the full amount of my scheduled session.

Clie	ent's Signature:	Date: /	
For	therapist's use: Date	Length of Session	-
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