

Full Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (Home): _____ (Work): _____ (Cell): _____
Date of Birth: _____ Age: _____ Employer: _____
Occupation: _____ Emergency Contact: _____
Phone: _____ Relationship: _____ Referred by: _____
Marital Status: _____ Email: _____
How did you hear about us? Our Website Internet Newspaper Ad Yellow Pages
Family/Friend? (Who: _____ Other _____) Is this your
first professional massage? If no, how frequently do you get a massage? _____ What do
you hope to accomplish from today's massage? _____
Are you aware of any tension holding spots in your body? If yes, location(s) _____

Describe any surgeries, hospitalizations, accidents or injuries you have had in the last 10 years: _____

What kind of care did you receive for your accidents or injuries? _____
Do you feel that you have recovered from these events? _____ Please explain: _____
Do you have any chronic, ongoing pain that you deal with on a regular basis? Please explain: _____

Describe what activities cause this pain and or makes it worse: _____
Are you receiving any other type of medical treatment? _____ Please explain: _____
Please list any medication (vitamins, herbs or pharmaceutical) taken now or at regular intervals (include
explanation of what medication is used to treat): _____

Are you currently under the care of a physician? Whom? _____
Please list reason(s): _____
Are there any other health concerns you wish to discuss today? Yes / No If yes, please describe: _____

Are you currently experiencing any of the following conditions? Flu or Cold Inflammation
 Fever Infection Contagious Disease Other _____
Please check any of the following conditions below that currently affect you or that you have experienced
in the last 10 years.

Musculoskeletal

- Arm/ Shoulder Pain
- Bursitis
- Carpal Tunnel Syndrome
- Cysts
- Fibromyalgia
- Gout
- Headache
- Hip Pain
- Leg Pain
- Low Back Pain
- Mid Back Pain
- Osteoporosis
- Osteoarthritis/Rheumatoid
- Plantar Fasciitis
- Postural Deviations
- Sciatica
- Scleroderma
- Spasms / Cramps
- Sprains / Strains
- Tendonitis
- Thoracic Outlet Syndrome
- TMJ Dysfunction

Circulatory

- Anemia
- Blood Clots / Phlebitis
- Diabetes
- Heart condition
- Hemophilia
- Hypertension
- Low blood pressure
- Raynaud's Disease
- Varicose Veins
- Other

Digestive

- Colitis
- Crohn's Disease
- Diarrhea
- Gallstones
- Gas / Bloating
- Hepatitis
- Indigestion / GERD
- Irritable Bowel Syndrome
- Ulcers
- Other

Nervous System

- ALS
- Bell's Palsy
- Multiple Sclerosis
- Neuritis
- Numbness/Tingling/Twitch
- Parkinson's Disease
- Seizure Disorders
- Spinal Cord Injury
- Stroke
- Trigeminal Neuralgia
- Other

Other

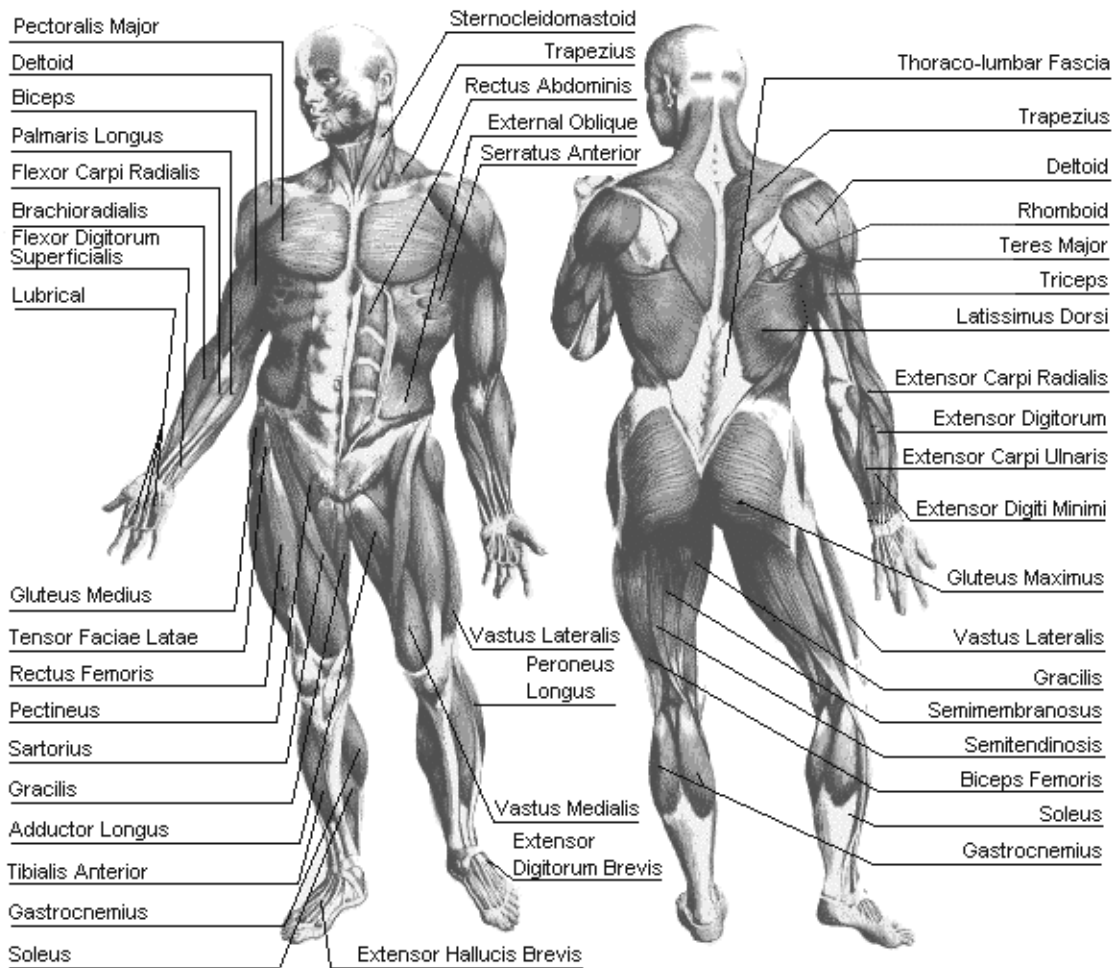
- Anxiety/Panic Attacks
- Bladder Infection
- Cancer (Stage: 1, 2, 3, 4)
- Chronic Fatigue
- Edema
- Grief Process
- HIV / AIDS
- Insomnia
- Kidney Disease
- Lupus

- Torticollis
- Whiplash Syndrome
- Other
- Respiratory**
- Asthma
- Dizziness
- Oxygen (liters: _____)
- Pneumonia
- Sinusitis
- Trouble Breathing

- Skin**
- Athletes Foot
 - Dermatitis/Eczema
 - Fungal Infections - Acne
 - Impetigo
 - Psoriasis
 - Open Wound or Sore
 - Rashes
 - Warts / Moles
 - Other

- Postoperative Situation
- Pregnancy
- Physical/Emotional Abuse
- PMS
- Sleep Apnea
- Substance Abuse
- Other

Please circle the area or areas where you experience pain or discomfort on the drawing below:



Anterior

Posterior

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications, or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental, or emotional changes that occur with my health. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) will be charged in full for the price of the missed session.

Signature: _____ Date: _____