

Have you ever experienced any of the following conditions?

Aids
 High blood pressure
 Stroke
 Swollen feet or legs
 Heart trouble
 Varicose veins
 Allergies
 Tumors
 Cancer
 Broken bones
 Anemia
 Scleritis
 Disc problems
 Hemophilia
 Poor circulation

Excess stress
 Numbness/tingling
 Insomnia
 Headaches
 Migraines
 Diabetes
 Seizures
 Skin problems
 Digestive problems
 Constipation
 Anxiety
 Epilepsy/seizures
 Muscle spasms
 Arthritis
 Stroke
 HIV/AIDS

Sprains
 Strains
 Back pain
 Neck pain
 Joint problems
 Muscle tension

For Women Only:

Excessive
bleeding
 PMS
 Lack of periods
 # of pregnancies
 # of births

HABITS:

Substance use: Alcohol Y N Tobacco Y N Caffeine Y N

Sharp difficulties? Describe: _____

Do you wear contact lenses? _____

PHYSICAL ACTIVITY:

How often do you exercise? Heavy Medium Light

Where do you hold stress in your body? _____
What type? _____

Do you have any especially tender or touch areas? _____

Why have you come for massage? _____

I understand that massage is given here for the purpose of stress reduction, relief from muscular tension and/or fascial adhesions, spasms, or pain; or for increasing circulation or energy flow.

I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceutical, nor do they perform spinal manipulations. It has been made clear to me that massage is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment I might have.

I have noted all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

I understand that payment is expected at the time of the visit unless previous arrangements have been made, and that if I fail to cancel an appointment 24 hours in advance, I will be charged for the missed appointment.

Signature

Date