Health History Form

Deep Tissue | Fertility | Pre and Peri-Natal | Cupping sc lic: 5360

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Name: ____

Address: ____

Telephone: (Day) _______________ (Evening) _________________

Referred by: ____

Have you ever had a massage before? ___________________________

If so, what type? ____

Date of Birth ______ /______ /______

Height: ______ Weight: ______

Gender: ______ Male ______ Female

Occupation: ____

Emergency Contact: ____

Phone: ____

Do you have or have you had any of the following conditions? Check appropriate lines:

____ *High Blood Pressure*
____ *Low Blood Pressure*
____ *Heart Condition*
____ *Nervous Condition*
____ *Eating Disorders*
____ *Diabetes*
____ *Epilepsy*
____ *Cancer*
____ *Decreased Range Of Motion*
____ *Stiff Neck*
____ *Whiplash*
____ *Serious Accident*
____ *Varicose Veins*
____ *Any Contagious Disease*
____ *Internal Organ Dysfunction*
____ *HIV Virus*
____ *Skin Disorders*
____ *Allergies*
____ *Recent Surgery*
____ *Fractures*
____ *Recent Fever*
____ *Arthritis*
____ *Inflammation*
____ *Insomnia*
____ *Headaches*
____ *Pregnancy*
____ *Other*

Are you currently under the care of a physician? ____

Are you currently taking any medications? _____ If so, list medications you are taking and what they are prescribed for: ____________________

____

____

Are you currently under the guidance of a coach or certified athletic trainer? ___________________________

Please list any exercise programs/sports you are currently active in: ___________________________________

____

____

I have completed the information above to the best of my knowledge. I understand that the massage I am receiving is designed as a health aid and does not take the place of a doctor's care. Information exchanged during my massage session is educational in nature and is intended to help me become more aware of my own health. If I feel uncomfortable at any time during my massage, I will ask for the massage to end.

As a courtesy to the therapist and other clients, I agree to adhere to the 24 hour cancellation policy.

Signature: ____ Date: ____