

# Massage Therapy Health & History

## Personal Information

Name: \_\_\_\_\_ M. \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex. F M SS#: \_\_\_\_\_

### Billing Information:

The personal portion of your massage therapy service is expected at the time of service. Unless other arrangements have been previously made with our billing office. If your condition is due to an accident or injury while on the job please inform us so that we may bill appropriately for your visit.

Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Home # \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### IN CASE OF AN EMERGENCY, CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_  
Whom may we thank for your referral? \_\_\_\_\_

## Health History

Please check off any of the symptoms you have experienced now or in the past?

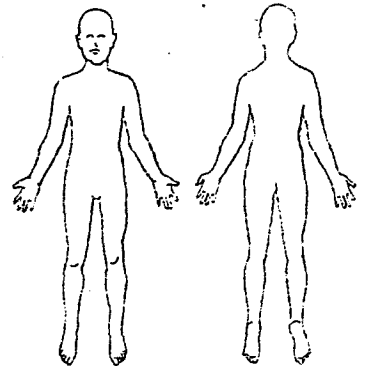
Arthritis  Asthema  Allergies  Cancer  Diabetes  Headaches  HIV/AIDS  
 Stroke  Varicose Viens  Migraine Headaches  Rheumatoid Arthritis  Other  
 Pregnant, how far along? \_\_\_\_\_

Surgeries (please list dates) \_\_\_\_\_

Are you pregnant?  Y  N How far along? \_\_\_\_\_

Are you allergic or sensitive to smells or oils?  Y  N

Is there anything I need to know about your health before your session? \_\_\_\_\_



\*Please mark on the body where your problem areas you would like to address.

I relize that massage is designed for well-being of my body and mind. This includes stress reduction, relief from muscle tension, spasm, or pain, or for increasing circulation. Energy work and bodywork in no way are to replace medical examination or diagnosis, and is recommended that I see a Primary health care provider for these services. I will be responsible for paying my bill at the time of service. I agree to pay the balance or bill that my insurance denies or otherwise does not cover. I have stated all conditions that I am aware of and this information is true and accurate. I will inform and update my practioner of any changes to my health status.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_