HEALTH HISTORY INTAKE FORM

Client Information

Name_____ DOB_____

Address_____ City_____ State_____ Zip_____

Phone_____ E-mail_____

Occupation _____

Emergency Contact Name_____

Emergency Contact Phone _____

Referred By _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may not be appropriate. A referral from your primary health care provider may be required prior to service being provided.

Have you ever experienced professional massage or bodywork? __Yes __No

How recently? _____

What are your massage and bodywork goals? _____

_____

What kind of pressure do you prefer? ____Light ____Medium ____Firm ____Not sure

I have had or am currently experiencing: (Please check all boxes that apply.)

□ Fever	□ Anxiety/Depression	□ Arthritis
□ High Blood Pressure	□ Stress	□ Bursitis
□ Low Blood Pressure	□ Insomnia	□ Sprains
□ Swollen Feet or Legs	□ Headaches	□ Strain
□ Heart Trouble	□ Thyroid Problems	□ Back Pain
□ Varicose Veins	□ Diabetes	□ Neck Pain
□ Poor Circulation	□ Seizures	□ Joint Problems
□ Tumors	□ Skin Problems	□ Muscle Tension
□ Cancer	□ Digestive Problems	□ Muscle Spasms
□ Kidney Trouble	□ Constipation	□ Herpes
□ Any Contagious Disease	□ Allergies/Sensitivity	□ Nerve Problems
□ Inflammation	□ Pregnancy	□ Other

Please use the space below to describe details of the items checked:

_____

_____

_____

_____

From Associated Bodywork and Massage Professionals, 2010, *Effective and Profitable Chair Massage* (Champaign, IL: Human Kinetics).

HEALTH HISTORY INTAKE FORM (*continued*)

Please list any recent surgeries and past or current injuries, including the date and nature of the surgery/injury:

_____

_____

_____

_____

Please list any medication (prescription or over-the-counter) or supplement you are currently taking. Please include the name, dosage, and purpose of the medication:

_____

_____

_____

_____

Is there any other information you think your therapist should know about? Please explain:

_____

_____

_____

_____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that pressure or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part if I should fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Consent to Treatment

Client Signature_____

Date _____

Consent to Treatment of Minor

By my signature below, I hereby authorize _____ to administer massage/bodywork techniques to my child or dependent as he or she deems necessary.

Signature of Parent or Guardian _____

Date _____

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