



HEALTH HISTORY FORM

NOTE: AN ACCURATE HEALTH HISTORY ENSURES THAT IT IS SAFE FOR YOU TO RECEIVE A MASSAGE TREATMENT, AND HELPS THE THERAPIST DETERMINE A PROPER TREATMENT PLAN. WHEN YOUR HEALTH STATUS CHANGES IN THE FUTURE, PLEASE LET US KNOW. ALL INFORMATION ON THIS FORM IS CONFIDENTIAL. YOUR WRITTEN AUTHORIZATION IS LEGALLY REQUIRED BEFORE ANY OF THIS INFORMATION CAN BE RELEASED.

PERSONAL INFORMATION (PLEASE PRINT)

Name: _____ Date: _____
 Address: _____ Postal Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Occupation: _____ E-Mail: _____
 Date of Birth: _____ Height: _____ Weight: _____
 Primary Care Physician: _____ Phone: _____
 Address: _____ May I contact? Yes ___ No ___
 Emergency Contact Name: _____ Phone: _____
 Please check if you are currently seeing: MD ___ Chiropractor ___ ND ___ Physio ___ Psychiatrist/Counselor ___ Other ___
 How did you hear of us? _____ Referred by: _____
 Have you had massage therapy before? Yes ___ No ___ For relaxation or other reason? _____
 What is your primary complaint? _____
 Current Medications: _____
 Condition it treats: _____
 Previous major illnesses, operations: _____
 Injuries and/or accidents (please give dates): _____
 Do you have any other medical conditions (e.g. haemophilia, osteoporosis, mental illness, diabetes, epilepsy) Yes ___ No ___
 If yes, what? _____
 Do you have any internal pins, wires, artificial joints or special equipment? _____

PLEASE INDICATE CONDITIONS YOU ARE EXPERIENCING OR HAVE EXPERIENCED

GENERAL SYMPTOMS

- Fainting
- Dizziness
- Loss of Sleep
- Fatigue
- Nervousness
- Sudden Weight Loss/Gain
- Numbness
- Tingling
- Paralysis
- Headaches (tension)
- Migraines

CARDIOVASCULAR

- High Blood Pressure
- Low Blood Pressure
- Chronic Congestive Heart Failure
- Heart Attack
- Phlebitis/Varicose Veins
- Stroke/CVA
- Pacemaker or Similar Device
- Heart Disease

JOINT/SOFT TISSUE DISCOMFORT

- Arms
- Upper Back
- Mid Back
- Lower Back
- Degenerative Discs
- Feet
- Hands
- Hips
- Jaw
- Knees
- Legs
- Neck
- Osteoarthritis
- Rheumatoid Arthritis
- Sciatica
- Shoulders
- Other _____

SKIN

- Rashes
- Itching
- Bruise Easily
- Dryness
- Boils
- Other _____

INFECTIONS

- Hepatitis
- Skin Conditions
- Tuberculosis
- HIV
- Herpes
- Cold
- Flu
- Athletes Foot
- Warts
- Other _____

PLEASE TURN OVER

