

Massage Therapy Health History Form

Please read through and fill out both sides as thoroughly as possible. The information you provide will be used exclusively for treatment purposes. Your information is protected and will not be provided to a third party.

Contact and Personal Information

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

Birthday: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

How did you hear about my clinic? _____

Health History

Have you had a massage before? Yes No

Are you pregnant? Yes ____ (weeks) No

Are you receiving treatments from other health-care professionals? Yes No

If yes, please specify in the space below:

Are you presently on any medications? Yes No

If yes, please list in the space below:

Please indicate if you presently or previously had any of the following symptoms or ailments:

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Digestive disorders | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Headaches/
Migraines |
| <input type="checkbox"/> Circulation problems | <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis/
Osteoarthritis | <input type="checkbox"/> Skin problems | |

Have you had surgery in the past 5 years? Yes No

If yes, what was the surgery for? When?

List any medical implants (pacemaker, etc.)

Have you had any accidents, injuries, or trauma in the past 5 years? Yes No
If yes, please describe what happened:

What are your current sleep habits?

What physical activities do you engage in on a regular basis?

Describe any other health concerns your Massage Therapist should be aware of:

Massage Therapy Informed Consent

I _____, have read, understood and completed, to the best of my knowledge, the Massage Therapy Health History form. I have informed the Massage Therapist of all my known physical conditions, medical conditions and medications and I will keep the Massage Therapist updated on any changes to my health history. I release the Massage Therapist from any and all liability from problems arising from the treatment as a result of information not given or incorrectly given in this client history.

Client Signature: _____ Date: _____