



Client Health Form

Name _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
Work phone _____ Home phone _____ Cell phone _____
Emergency contact _____
Email address _____

Medical History and information

Check any or all that apply to your present health:

- headaches, vision problems, sinus problems, jaw pain/teeth grinding, fatigue, depression, sleep difficulties, chronic pain, muscle or joint pain, numbness/tingling, sprains/strains, scoliosis, arthritis, skin problems, varicose veins, blood clots, high/low blood pressure, diabetes, cancer/tumors, infectious disease

Women only: Pregnant Painful menstruation Endometriosis
Men only: Prostate problems

List all medications/herbs/vitamins and dosage:
List physical activities you participate in regularly:
List previous major injuries/surgeries:

What other treatments are you receiving and by whom (acupuncture, physical therapy, chiropractic, naturopathic):

What is your main activity at work? On phone Sitting Computer work Driving Car
Walking Other

What do you do to relieve stress?

What do you want to get out of your session(s)?

Additional information:

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 practitioner so the that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be constructed as a substitute for medical examination, diagnosis, or treatment, that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners 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 constructed 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 practitioner updated as to any changes in my medical conditions and understand that there shall be no liability on the practitioner's part should I 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.

Client Signature _____ Today's Date _____