

Health History Form

An accurate health history is necessary to ensure that it is safe for you to receive massage therapy treatment. Should your health status change in the future, please let us know. All information gathered is confidential, except as is required by law or to facilitate assessment, diagnosis, or treatment. You will be asked to provide written authorization for release of any information.

Name: _____ Date: _____

Address: _____ Tel: Res. _____

_____ Tel: Bus. _____

Postal Code: _____ Email: _____

Date of Birth: _____ Occupation: _____ Who Referred You? _____

What is your primary complaint? _____

Have you had massage therapy before? _____

How is your general health? _____

Who is your primary care physician? _____

What is your physician's address? _____

Please list any treatment you are receiving from another health care provider:

Treatment

Condition Being Treated

Please list any medication you are receiving from another health care provider:

Medication

Condition Being Treated

Please list any surgeries you have had, including the respective dates:

Surgery

Reason

Date

Please list any accidents or injuries and the dates of these:

Accident/Injury

Date

Health History Form

Respiratory

- chronic cough
- shortness of breath
- bronchitis
- asthma
- emphysema

Cardiovascular

- high blood pressure
- low blood pressure
- CCHF
- heart attack
- heart disease
- phlebitis
- stroke/CVA
- pacemaker or similar

Head/Neck

- night/mouth guard
- vision problems
- vision loss
- ear problems
- hearing loss
- headaches, tension
- headaches, migraine

Other Conditions

- loss of sensation
- diabetes, adult
- diabetes, juvenile
- allergies, skin
- allergies, anaphylaxis
- epilepsy
- cancer
- arthritis/family history

Soft Tissue

Pain & Discomfort

- neck
- low back
- mid back
- upper back
- _____

Women

- pregnant, due: _____
- gynaecological condition
- _____
- _____

Infections

- hepatitis
- TB
- HIV
- skin condition

Joint Discomfort

- shoulders
- arms
- legs
- knees

Please indicate any other medical conditions, loss of sensation, and the presence of existing internal pins, wires, artificial joints and/or special equipment: _____

Welcome To Our Clinic!

Massage has significant physiological effects on the circulatory, muscular, lymphatic, and nervous systems in the management of soft tissue problems and pain control. It is acknowledged by practicing physicians as a proven, valuable aid in musculo-skeletal disorders.

During the massage treatment you will be completely covered with a sheet, except for the area being worked on. All massages are non-sexual. This means that the genitals will not be touched or uncovered. If any area being massaged is uncomfortable, please let me know. Good communication is the key to receiving a treatment that is within your comfort zone.

There are possible after-effects of massage treatment that do occur in some individuals. Tenderness or aching in the areas worked can occur. If you are prone to headaches, massage therapy may trigger one. Feelings of fatigue, disorientation and lethargy are also common after a massage treatment. Deep massage techniques may cause bruising in some people. These after-effects are usually minor occurrences, and tend not to last for long. Ice packs on tender areas for 10-20 minutes will help minimize any discomfort.

You have the right to stop, clarify and ask questions at any time about the massage. I also maintain the right to terminate the massage at any time.

MOST EXTENDED HEALTH CARE PLANS COVER MASSAGE THERAPY. Your massage appointment is reserved for you alone, and our office requires a minimum of 24 hours notice for re-scheduling of appointments. If sufficient notice is not received, the appointment fee will be charged in full for missed appointments, unless we can fill them for you. Please note that if the office is closed, we have an answering machine for your convenience in canceling and re-scheduling appointments.

Please date and sign below:

I have read and understood all of the information given to me on this case history form.

Signature: _____

Date: _____

Update 1: _____

Update 2: _____

Update 3: _____

Initial: _____

Initial: _____

Initial: _____