



HEALTH HISTORY

Mark any condition that applies to you now or in the past. Please use "C" for current, "P" for past

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| <input type="checkbox"/> Allergy to Nut Oils | <input type="checkbox"/> Contagious Conditions | <input type="checkbox"/> Low Back Pain |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Decreased Sensation/ numb | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Artificial Joint | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscles Sprain/ Strain |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Headaches/ Migraines | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Heart Attack/Stroke | <input type="checkbox"/> Skin Infections |
| <input type="checkbox"/> Cancer/ Tumor | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Contact Lens | <input type="checkbox"/> Hypo or Hyperglycemia | <input type="checkbox"/> Other Conditions _____ |

Is there anything else about your health history that might be useful knowledge for your massage practitioner to provide a safe and effective massage session? _____

Accidents, Injuries or Surgeries:

Less than 5 years ago _____

More than 5 years ago _____

Are you currently receiving medical or chiropractic care? Yes No

If yes, please explain _____

Are you taking any medications (prescription & over-the-counter)? Yes No

If yes, please explain _____

Habits	<u>Heavy</u>	<u>Moderate</u>	<u>Light</u>	<u>None</u>
Tobacco	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Caffeine	_____	_____	_____	_____
Sugar	_____	_____	_____	_____
Exercise	_____	_____	_____	_____

What type of exercise? _____ How often? _____

Have you received a massage before? Yes No

If yes, what depth of work did you receive? (*Please Circle*) Light/ Medium/ Deep/ Very Deep

INFORMATION AND SUGGESTIONS

- Prior to your massage, please remove jewelry; pull long hair back with clip or band.
- Massage is generally given while you are unclothed, however, you may wear undergarments or swimsuit.
- During your massage you will be covered with a sheet. Only the area being worked on may be exposed.
- Your therapist is highly trained. You may ask your therapist questions before, during or after your massage.
- Therapist are generally trained to keep the talking to a minimum (only when asking questions).
- Natural Oils and lotions are used for services. Please let therapist know if you are sensitive to anything.