Date:	RMT:
Date.	LIMI .



## REGISTERED MASSAGE THERAPY **HEALTH HISTORY**

## PERSONAL INFORMATION

PERSONAL INFORMATION						
Name:					Age:	
Address:	City:		Postal Code			
Home phone:	Cell phone:				Work phone	:
E-mail address:		Birth date:				
Occupation:						
Have you received massage thera	py before?	□ Yes □ No				
How did you hear about our clinic	? 🗆 Webs	site □ Int	ernet	□ Location	□ Referral:	
Did a health care practitioner refe	er you for massage	therapy?		□ Yes □ No		
Name:				City:		
Primary care physician:				Address:		
PLEASE INDICATE CONDITIONS YO	OU ARE EXPERIENC	CING OR HAVE	EXPERIE	NCED:		
Cardiovascular	Respiratory		Other C	Conditions		Head/Neck
□ high blood pressure	□ chronic cough		□ loss of s	sensation, location:		☐ history of headaches
□ low blood pressure	☐ shortness of breatl	h	□ diabete	s, onset:		☐ history of migraines
□ chronic congestive heart failure □ heart attack	<ul><li>□ bronchitis</li><li>□ asthma</li></ul>		□ allergies, sensitivities:		☐ vision problems ☐ vision loss	
□ phlebitis/varicose veins	□ astillia □ emphysema			□ epilepsy □ cancer, type:		□ ear problems
□ stroke/CVA	, , , , , ,			skin condition, describe:		□ hearing loss
□ pacemaker or similar device			□ arthritis	s, location:		
□ heart disease	to the constant to			for all all to be a second or	ut area	
Is there a family history of any of the above? □ Yes □ No	Is there a family history of any of the above? □ Yes □ No		Is there a family history of arthritis?  □ Yes □ No			
			- 1C3 - 11	10		
Women	Infections			, how is your ge	neral health?	
□ pregnant, due:	□ hepatitis				neral health?	
	□ hepatitis □ TB				neral health?	
□ pregnant, due:	□ hepatitis □ TB □ HIV				neral health?	
□ pregnant, due:	□ hepatitis □ TB				neral health?	
□ pregnant, due: □ gynecological conditions, describe:	□ hepatitis □ TB □ HIV □ herpes				neral health?	
□ pregnant, due: □ gynecological conditions, describe:  Current medications and conditio	□ hepatitis □ TB □ HIV □ herpes  ns they treat:	r health care p	Overall	, how is your ge		
□ pregnant, due: □ gynecological conditions, describe:  Current medications and conditio  Are you currently receiving treatm	hepatitis TBHIVherpes  ns they treat: ment from another	-	Overall	, how is your ge		
□ pregnant, due: □ gynecological conditions, describe:  Current medications and condition  Are you currently receiving treatm  (Chiropractor, physiotherapist, nation	hepatitis TBHIVherpes  ns they treat: ment from another	-	Overall	, how is your ge		
□ pregnant, due: □ gynecological conditions, describe:  Current medications and conditions are you currently receiving treatmed (Chiropractor, physiotherapist, national injuries? (Include dates.)	hepatitis TBHIVherpes  ns they treat: ment from another	-	Overall	, how is your ge		
□ pregnant, due: □ gynecological conditions, describe:  Current medications and conditions  Are you currently receiving treatm (Chiropractor, physiotherapist, nath Injuries? (Include dates.)  Surgeries? (Include dates.)	hepatitis HIV herpes  ns they treat: nent from another turopath, etc.) If ye	es, describe:	Overall, profession	, how is your ge	0	
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Current medications and condition Are you currently receiving treatm (Chiropractor, physiotherapist, natinjuries? (Include dates.)  Surgeries? (Include dates.)  Do you have any other medical condescribe:	hepatitis TB HIV herpes  ns they treat: ment from another turopath, etc.) If ye	es, describe: estive conditions, or special ed	Overall, orofession	, how is your general? □ Yes □ No philia, osteopor?	o rosis, mental illi	
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