MASSAGE HEALTH HISTORY

PERSONAL INFORMATION				
Name:				Age:
Address:	City:			Postal Code:
Home phone:	Cell phone:			Work phone:
E-mail address:	Birth date:			
Occupation:				
Have you had massage before?	□ Yes □ No			
How did you hear about our clinic?	□ Website	□ Internet	□ Location	□ Referral:
Did a health care practitioner refer you for massage?			□ Yes □ No	
Name**:**			City:	
Primary care physician:			Address:	

PLEASE INDICATE CONDITIONS YOU ARE EXPERIENCING OR HAVE EXPERIENCED:

Cardiovascular	**Respiratory**	**Other Conditions**	**Head/Neck**
□ high blood pressure	□ chronic cough	□ loss of sensation, location:	□ history of headaches
□ low blood pressure	□ shortness of breath	□ diabetes, onset:	□ history of migraines
□ chronic congestive heart failure	□ bronchitis	□ allergies, sensitivities:	□ vision problems
□ heart attack	□ asthma	□ epilepsy	□ vision loss
□ phlebitis/varicose veins	□ emphysema	□ cancer, type:	□ ear problems
□ stroke/CVA		□ skin condition, describe:	□ hearing loss
□ pacemaker or similar device		□ arthritis, location:	
□ heart disease			
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	

Women	**Infections**	**Overall, how is your general health?**
□ pregnant, due:	□ hepatitis	
□ gynecological conditions, describe:	□ TB	
	□ HIV	
	□ herpes	

Current medications and conditions they treat:

Are you currently receiving treatment from another health care professional? □ Yes □ No

(Chiropractor, physiotherapist, naturopath, etc.) If yes, describe:

Injuries? (Include dates.)

Surgeries? (Include dates.)

Do you have any other medical conditions? (e.g. digestive conditions, hemophilia, osteoporosis, mental illness)

Describe:

Do you have any internal pins, wires, artificial joints, or special equipment? Describe:

What is the reason you are seeking massage? Please include location of any tissue or joint discomfort.

I am aware that 48 hour notice must be given before cancelling/rescheduling an appointment or 50% of the appointment fee will be charged.

Signature: _____ Date: _____