



# Health History Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ May we call you at home? \_\_\_ Message? \_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message? \_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Drivers License: \_\_\_\_\_ State: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Kids(#): \_\_\_\_\_

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Are you currently under a doctor or chiropractors care? \_\_\_\_\_  
Medical doctors name: \_\_\_\_\_ Chiropractor's name: \_\_\_\_\_  
Surgeries and year: \_\_\_\_\_  
Medications presently taking: \_\_\_\_\_  
Varicose Veins (where)? \_\_\_\_\_  
Are you allergic to any lotions or oils? \_\_\_\_\_ Are you wearing contact lenses? \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

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Please check if you now have or had any of the following:

<input type="checkbox"/> Skin disease	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Energy Level	<input type="checkbox"/> M.S. <input type="checkbox"/> H. Blood Pressure
<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Cancer	<input type="checkbox"/> Headache

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Areas of pain or discomfort: \_\_\_\_\_  
Any injuries in the last two years, and have you ever had a back injury? \_\_\_\_\_  
If yes please explain: \_\_\_\_\_  
Are you pregnant? If so, how long? \_\_\_\_\_  
Have you had professional massage or bodywork done before (what type)? \_\_\_\_\_

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On a scale of 1 to 10, how would you rate your current stress level? \_\_\_\_\_  
Is there anything I should be aware of before working with you? \_\_\_\_\_

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I understand the massage therapy I will be given is for the purpose of stress reduction relief from muscular tension or spasm or for increasing circulation and energy flow. I understand that the massage therapist does not prescribe medical treatment or pharmaceuticals, nor does the therapist perform any spinal manipulations. It has been made clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis. Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_