

General Information

First Name -	Last Name -	
Email -	Phone -	
DOB -	Referred By -	
Street Address -		
City -	State/Province -	Zip Code -
Occupation -		
Emergency Contact Relationship -	Emergency Contact Name -	Emergency Contact Phone Number -
Date of initial visit -	Reason for visit -	
How would you rate your general health? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Have you had a professional massage previously? -		
Please list current medications & conditions they are treating -		
Please list any major accidents and/or surgeries (include dates) -		
Please tell us about any allergies or hypersensitivities -		

Health History Information

Please select any symptoms you are currently experiencing or have experienced in the past. If experiencing none of the following, please select 'none'.

Head & Neck				
<input type="checkbox"/> Headaches	<input type="checkbox"/> Migraines	<input type="checkbox"/> Vertigo	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Ringing in ears
<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Vision problems	<input type="checkbox"/> Vision Loss	<input type="checkbox"/> None	

Respiratory

- Asthma
- Emphysema
- Shortness of breath
- Sinusitis
- Family History of respiratory difficulties
- Chronic cough
- Frequent colds
- Bronchitis
- Smoker
- None

Nervous System

- Sensory loss / change
- Epilepsy
- Numbness / tingling
- Multiple sclerosis
- Sciatica
- None
- Seizures

Musculoskeletal System

- Arthritis
- Bursitis
- Jaw pain (TMJ)
- Family history of arthritis
- Osteoporosis
- Tendonitis
- Pins / plates / wires / artificial joints
- None

Cardiovascular

- High blood pressure
- Heart attack
- Stroke / CVA
- Pacemaker
- Hemophilia
- Embolism
- Family history of cardiovascular problems
- Low blood pressure
- Heart disease
- Poor circulation
- Phlebitis / Varicose Veins
- Cardiovascular aneurysm
- Chronic congestive heart failure
- None

Skin & Infections

- Hepatitis
- Herpes
- Lyme Disease
- HIV / AIDS
- Tuberculosis
- None

Other Conditions

- Cancer
- Unexplained weight loss
- Depression
- Chronic fatigue syndrome
- None
- Diabetes
- Fibromyalgia
- Anxiety
- Psychiatric disorder
- Other

Other (Please explain)

-

For Women Only

- Pregnant (currently)
- PCOS
- Given birth (past)
- None
- Menstrual disorders
- Other
- Pelvic pain

Other (Please explain)

-

If currently pregnant, please list how far along you are and your due date

-

Please explain anything else you would like the practitioner to know: (if nothing, write none)

-

Agreements and Consents

It is my choice to receive massage therapy.

I agree

I am aware of the benefits and risks of massage. I understand that there is no implied or stated guarantee of successor effectiveness of an individual techniques or series of appointments.

I agree

I acknowledge that massage therapy is not a substitute for medical care, medical examination, or diagnosis and I have stated all medical conditions that I am aware of and will inform my practitioner of any changes to my health status.

I agree

I understand that my personal health information will be collected. I understand that all information that I provide will be kept confidential unless required by law.

I agree

I understand and consent that my medical information may be shared by the various care providers involved in my care and treatment.

I agree

Treatments may be covered by extended health care plans. I understand that it is my responsibility to confirm the exact details of my coverage.

I agree

By signing below, I give my consent to be treated for massage therapy and to our cancellation policy which is as follows: Appointments must be cancelled with 24 hours notice. Any appointments cancelled with less than 24 hours notice and/or no shows will be charged a \$50 cancellation fee directly to the card we have on file. Missed appointments results in loss time that could have been used to provide care to other patients. Appointments can be rescheduled by texting or calling 610-750-9131.

Signature

Date Signed

-

Printed Name

Email

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