

MASSAGE HEALTH HISTORY FORM

NAME: _____

Date: _____

Address: _____

City/ST/Zip _____

Phone: _____

Birthday: _____

E Mail: _____

Referred by: _____

Please answer the following questions

Have you had a massage before.	YES	NO
Do you take any prescribed medication.	YES	NO
Have you had any injuries in the last 72 hours.	YES	NO
Do you have chronic pain.	YES	NO
Have you ever had surgery.	YES	NO
Do you have any spinal problems.	YES	NO
Do you have arthritis/gout.	YES	NO
Do you have heart problems.	YES	NO
Do you have high blood pressure.	YES	NO
Do you have varicose veins.	YES	NO
Do you have difficulty breathing (allergies).	YES	NO
Do you have any skin conditions/irritations.	YES	NO
Do you have pain that radiates down your arms or legs. ...	YES	NO
Do you have or ever had cancer.	YES	NO
Do you have frequent headaches.	YES	NO
Are you constantly tired.	YES	NO
Are you pregnant.	YES	NO

Please explain YES answers _____

Do you have any other medical conditions that should be noted?

Please read the following carefully:

I, _____, understand and agree to the following:

- All massages are **non-sexual in nature**. Any sexual or illicit remarks or advances will terminate the session immediately and I will be responsible for payment in full.
- I understand that if the massage therapist starts a session late, she will make it up to me at the end of my session if possible, or will reduce my fee accordingly. I understand that if I arrive late, my session will end at the original scheduled time so the client following me is not penalized.
- The massage therapist does not diagnose illness, disease or any other physical or mental disorder, massage therapy is not a substitute for medical examination or diagnosis, and it is recommended that I see a physician for any physical ailment I might have.
- The massage therapist does not prescribe medical treatment or pharmaceuticals.
- The massage therapist does not perform spinal manipulations.
- Draping is the state law in Tennessee and I agree to be draped for the duration of the massage.
- I understand that massage should not be performed under certain medical conditions and I will truthfully complete the intake form and it is my responsibility to keep my therapist updated on any changes in my medical history or prescriptions. I understand there is no liability on the therapist's part if I should fail to do so and that all of my information will be kept confidential.
- While the therapist will check with me on the amount of pressure used, I understand that it is my responsibility to inform them of any pain or discomfort during the massage.

I understand that this document is a legal medical record and agree to allow the therapist to review this information. I understand that the information in this document is confidential and will not be released to anyone without the express written consent of the client.

Signature: _____

Date: _____

Parent/Guardian Signature Required under 18

Signature: _____

Date: _____