

Health History Form

Name: _____ Today's Date: _____ Referred by: _____

Date of Birth: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Best way to contact you: Phone Text Email

What are your treatment goals today (e.g., reduce pain, relaxation, reduce stress, etc.)?

What is your typical sleeping position?

List/describe

Current medical issues:

Medications and conditions:

Allergies/allergic reactions:

History of serious illnesses, surgeries, and/or injuries:

Women only: Could you be pregnant at this time?

Please mark "C" for currently experiencing and "P" for previously experienced:

- | | | |
|--|---|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Fractures | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Sprains/Strains | <input type="checkbox"/> Dental Surgery |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Automotive Accidents | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Joint pain | | |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Shingles/Herpes/Zoster | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Recurrent Headaches | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Sciatic | | |
| <input type="checkbox"/> Digestive issues | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Inflammation |
| <input type="checkbox"/> Skin Infections | <input type="checkbox"/> Serious Cuts/Burns/Bruises | |
| <input type="checkbox"/> Varicosities | <input type="checkbox"/> Other (Describe) | |

The information that you provide is important in helping me to devise an appropriate treatment plan. Massage represents a therapeutic treatment modality that can be beneficial for a variety of conditions, but it cannot be used to diagnose medical conditions. This information is CONFIDENTIAL and will not be discussed with anyone else.

Signature _____ Date _____