

11. Please check any condition below that applies to you:

Skin condition (e.g., acne, rash, skin cancer, easy bruising, contagious condition)

Allergies

Past accident, injury, or surgery (e.g., whiplash, sprain, broken bone, deep bruise)

Muscular problems (e.g., tension, cramping, chronic soreness)

Joint problems (e.g., osteoarthritis, rheumatoid arthritis, gout, hypermobile joints)

Lymphatic condition (e.g., swollen glands, nodes removed, lymphoma, lymphedema)

Circulatory or blood conditions (e.g., atherosclerosis, varicose veins, phlebitis, arrhythmias, high or low blood pressure, heart disease, recent heart attack or stroke, blood clots, anemia)

Neurologic condition (e.g., numbness or tingling in any area of the body, sciatica, damage from stroke, epilepsy, multiple sclerosis, cerebral palsy)

Digestive conditions (e.g., ulcers)

Immune system conditions (e.g., chronic fatigue, HIV/AIDS)

Skeletal conditions (e.g., osteoporosis, bone cancer, spinal injury, scoliosis, degenerative disks, herniated disks, fusions, any joint replacement)

Headaches (e.g., tension, PMS, migraines)

Cancer

Emotional difficulties (e.g., depression, anxiety, panic attacks, eating disorders, psychotic episodes). Are you currently seeing a psychotherapist for this condition? Yes No

Previous surgery, disease, or other medical conditions that may be affecting you now (e.g., polio, previous heart attack or stroke, previously broken bones, abdominal aortic aneurysm)

Elective surgery or procedures

Comments:

12. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

13. Has a physician or other health care provider recommended massage for any of the conditions listed above? Yes No

If yes, please explain: _____

14. What are your goals in mind for this massage session related to any of the conditions mentioned above?

I understand that I should see a doctor or other appropriate health care provider for diagnosis and treatment of any suspected medical problem. It may be beneficial for my massage practitioner to speak to my doctor about my medical condition to determine how massage may help the healing process, and to avoid worsening the condition. I will be asked for permission to contact my doctor if the massage practitioner thinks that it might be useful. I also understand that it is my responsibility to keep my massage practitioner informed of any changes in my health, and any medications that I may begin to take in the future. I understand that my massage practitioner is unable, by law, to diagnose any medical condition.

I understand that I have the right to terminate the massage session at any time for any reason. I also understand that the massage practitioner reserves the right to refuse service to me for any reason. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I understand that all of my personal information and healthcare records will be kept confidential and that a release will be required of me to make them available for any reason.

Client or Client Guardian Signature: _____ Date: _____