



HEALTH HISTORY

NAME: _____ HOME PHONE: _____ WORK : _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

EMAIL: _____

BIRTHDATE: _____ WEIGHT: _____ HEIGHT: _____ OCCUPATION: _____

REFERRED BY: _____ GENERAL HEALTH: EX GOOD FAIR POOR

PHYSICIAN: _____ PHYSICIAN'S ADDRESS: _____

LAST PHYSICAL EXAM: _____ RESULTS: _____

MAIN REASON FOR TREATMENT: _____

WHAT HAVE YOU TRIED FOR RELIEF? HEAT COLD EXERCISE OTHER _____

PREVIOUS MASSAGE REGULAR MASSAGE LAST MESSAGE DATE: _____

CIRCULATION

- HIGH BLOOD PRESSURE YES NO
- LOW BLOOD PRESSURE YES NO
- HEART CONDITION YES NO
- CCHF YES NO
- POOR CIRCULATION YES NO
- DIZZINESS YES NO
- PACEMAKER YES NO
- PHLEBITIS YES NO
- HEART ATTACK/STROKE YES NO

DIGESTION

- CONSTIPATION/DIARRHEA YES NO
- LIVER/GAIL BLADDER YES NO
- DIVERTICULITIS YES NO
- ULCERS YES NO
- NAUSEA/GAS YES NO
- NERVOUS SYSTEM
- NERVOUS/DEPRESSED YES NO
- FATIGUE YES NO
- INSOMNIA YES NO

RESPIATORY

- CHRONIC COUGH YES NO
- SHORTNESS OF BREATH YES NO
- BRONCHITIS YES NO
- ASTHMA YES NO
- EMPHYSEMA YES NO
- SEASONAL ALLERGIES YES NO

MUSCLE JOINTS

- ARTHRITIS YES NO
- BURSITIS YES NO
- FRACTURES YES NO
- WHIPLASH YES NO
- NECK PAIN YES NO
- SHOULDER PAIN YES NO
- LOW BACK PAIN YES NO
- MID-UPPER BACK PAIN YES NO
- POOR POSTURE YES NO
- STIFF/SWOLLEN JOINTS YES NO
- FOOT TROUBLE YES NO
- TMJ YES NO
- KNEES/ LEG TROUBLE YES NO
- ARM TROUBLE YES NO
- DISLOCATED SHOULDER YES NO
- SEPARATED SHOULDER YES NO

IMMUNE SYSTEM

- HEPATITIS YES NO
- TB YES NO
- HIV YES NO
- ALLERGIES YES NO
- SKIN
- SENSITIVE YES NO
- RASHES/ERUPTIONS YES NO
- CONTAGIOUS CONDITION YES NO
- OTHER YES NO

SURGERY/INJURY

TYPE _____
DATE _____

CURRENT SYMPTOMS

CURRENT MEDICATIONS AND CONDITIONS TREATED

OTHER

- LOSS OF SENSATION YES NO
- DIABETES YES NO
- HYPOGLYCEMIA YES NO
- EPILEPSY YES NO
- CANCER YES NO
- SCIATICA YES NO
- HEARING LOSS YES NO
- POOR VISION YES NO
- INTERNAL PINS YES NO
- ARTIFICIAL JOINTS YES NO
- SPECIAL EQUIPMENT YES NO
- HEADACHES YES NO
- MIGRAINES YES NO

OTHER HEATH CARE

- CHIROPRACTIC YES NO
- PHYSIOTHERAPY YES NO
- OTHER: _____

GENERAL

- LEFT HANDED YES NO
- RIGHT HANDED YES NO

SELF CARE

- GOOD SLEEPING HABITS YES NO
- REGULAR EXERCISE YES NO
- GOOD EATING HABITS YES NO
- POSITIVE MENTAL ATTITUDE YES NO

FOR WOMEN

- PMS YES NO
- PREGNANT YES NO
- NUMBER OF CHILDREN _____



AN ACCURATE HEALTH HISTORY IS IMPORTANT TO ENSURE THAT IT IS SAFE FOR YOU TO RECEIVE A MASSAGE THERAPY TREATMENT. IF YOUR HEALTH STATUS CHANGES IN THE FUTURE, PLEASE LET US KNOW. ALL INFORMATION GATHERED FOR THIS TREATMENT IS CONFIDENTIAL EXCEPT AS REQUIRED OR ALLOWED BY LAW OR EXCEPT TO FACILITATE DIAGNOSIS (ASSESSMENT) OR TREATMENT. YOU WILL BE ASKED TO PROVIDE WRITTEN AUTHORIZATION FOR THE RELEASE OF ANY INFORMATION.

YOUR FIRST CONSULTATION WITH THE MASSAGE THERAPIST WILL INCLUDE A REVIEW OF YOUR HEALTH HISTORY, A POSTURAL ANALYSIS AND MUSCULOSKELETAL SCREENING TO DETERMINE THE MOST EFFECTIVE TREATMENT.

PROPER INFORMATION INCLUDING POTENTIAL POSITIVE AND NEGATIVE EFFECTS INCLUDING RISKS AND BENEFITS ASSOCIATED WITH THE MASSAGE THERAPY TREATMENT WILL BE FULLY DISCUSSED WITH YOU PRIOR TO INITIATING THE TREATMENT.

INFORMED CONSENT

I, _____ HEREBY CONSENT TO THE MASSAGE THERAPY TREATMENT AS PRESCRIBED BY MY MASSAGE THERAPIST. THE TECHNIQUES THAT WILL BE USED, THEIR DESIRED EFFECTS AND POSSIBLE RISKS HAVE BEEN EXPLAINED TO ME. I AM AWARE OF MY RIGHT TO HAVE MY THERAPIST MODIFY MY TREATMENT OR WITHDRAW MY CONSENT AT ANY TIME.

PRIVACY ACT

I ACKNOWLEDGE THAT PRIORITY MASSAGE & HEALTH HAS CLEARLY IDENTIFIED TO ME THE PURPOSES FOR WHICH MY PERSONAL INFORMATION IS BEING COLLECTED AND WILL BE DISCLOSED PRIORITY MASSAGE & HEALTH DURING THE PROCEEDINGS IN CONNECTION WITH THIS MATTER. I CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF MY PERSONAL INFORMATION FOR THE PURPOSES OF MASSAGE THERAPY AND ACKNOWLEDGE THAT MY PERSONAL INFORMATION WILL NOT BE USED OR DISCLOSED FOR ANY OTHER PURPOSE WITHOUT MY PRIOR CONSENT TO DO SO.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND CONSENT TO TREATMENT.

NAME _____

SIGNATURE _____

DATE _____