



Client Information

Health History

Name _____

Preferred/Nickname _____

Pronouns (she/her) (he/him) (they/them) other: _____

Email _____

Home Phone _____

Cell Phone _____

Address _____

City _____

State _____ Zip Code _____

Occupation _____

Date of Birth _____

Please list any medications you are currently taking:

Please list any allergies you have:

Please circle/highlight any conditions you currently have, or have had in the past:

- | | | |
|--------------------------|---------------------|--------------------------|
| Arthritis | Fibromyalgia | Skin condition |
| Bruise easily | Fungus | Stiff neck |
| Burstis | Grinding teeth | Stroke |
| Cancer | Headaches | Swollen ankles |
| Carpal Tunnel | High blood pressure | Thoracic Outlet Syndrome |
| Chronic Fatigue Syndrome | Leg/foot cramps | Ticklish feet |
| Cold hands or feet | Loss of grip | TMJ |
| Diabetes | Migraines | Whiplash |

Disk/Vertebrae problems _____

Sciatica _____

Loss of movement | where? _____

Numbness/Tingling | where? _____

Pain with coughing/sneezing | where? _____

Pain with lifting/bending | where? _____

Pain with movement | where? _____

Pregnant | due date _____

Surgery _____

areas and dates

Emergency Contact

Name _____

Phone _____

How did you hear about us?

Google | Facebook | Yelp | Newspaper

Other (please specify) _____

I was referred by a friend _____

It is one of our highest priorities to keep your contact information and medical history absolutely private and confidential. We will not share any of this information, or any of the work that we do during your massage, with anyone, without either a subpoena or without your written consent.

Therefore, it is important that you are as detailed as possible so that we know what contraindications and accommodations need to be made in order to provide a safe and comfortable massage.

You may use the back of this form for additional information that you wish to provide.

Please sign and date this form, stating that the information you have provided is correct to the best of your knowledge.

Signature _____

Date _____