

## PATIENT HEALTH INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please answer the following questions and provide clarifications:

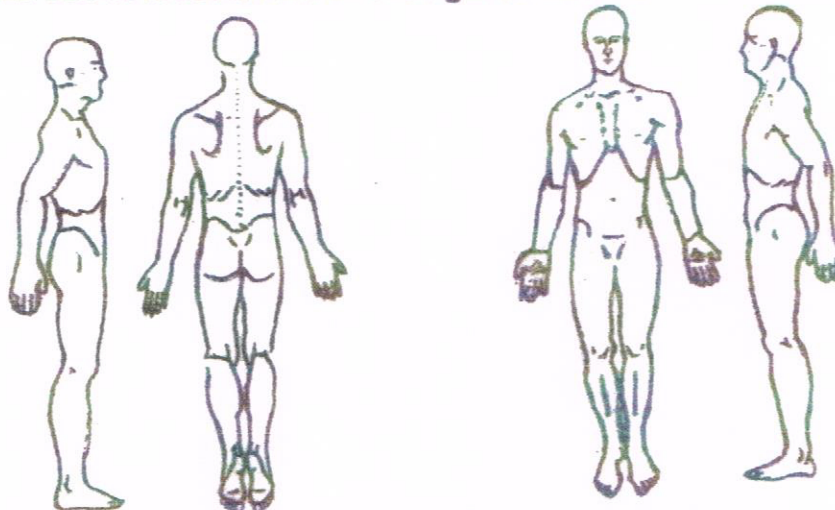
YES NO

- \_\_\_\_\_ Have you ever had a massage?
- \_\_\_\_\_ Were you involved in an accident? Was it work or auto related? Date? \_\_\_\_\_
- \_\_\_\_\_ Have you experienced any serious injuries or surgeries?
- \_\_\_\_\_ Please explain: \_\_\_\_\_
- \_\_\_\_\_ Have you been diagnosed with any spine or disc problems?
- \_\_\_\_\_ Please explain: \_\_\_\_\_
- \_\_\_\_\_ Are you currently taking any medications, including over the counter types?
- \_\_\_\_\_ List medications \_\_\_\_\_

Do you have any of the following conditions? How are they controlled?

- \_\_\_\_\_ Diabetes \_\_\_\_\_
- \_\_\_\_\_ High or low blood pressure \_\_\_\_\_
- \_\_\_\_\_ Infectious or contagious disease \_\_\_\_\_
- \_\_\_\_\_ Skin problems or allergies \_\_\_\_\_
- \_\_\_\_\_ Arthritis (type and location) \_\_\_\_\_
- \_\_\_\_\_ Fibromyalgia \_\_\_\_\_
- \_\_\_\_\_ Cancer (past or current) \_\_\_\_\_
- \_\_\_\_\_ Other health problems \_\_\_\_\_

Identify current areas of discomfort on the figures below:



I understand that massage practitioners do not diagnose illness, disease, or other disorders. Massage Practitioners do not prescribe medical treatment or medication. It has been made clear to me that massage is not a substitute for medical examination or diagnosis. Only my physician is qualified to recommend treatment for any physical ailments I might have. I have stated all my known medical conditions and take upon it myself to keep the massage practitioner updated regarding my health and medication changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_