



LICENSED MASSAGE THERAPIST

CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

If you would rather communicate any of this information verbally, please feel free to do so!

Name: _____ Date: _____
Address: _____ Date of birth: _____
E-mail: _____ Age: _____
Phone: (home): _____ (work): _____ (cell): _____

Massage History

Have you received professional massage/bodywork before? _____

If yes, what were your experiences? _____

Current Conditions

Are there any areas of your body that are particularly sensitive to touch? _____

Primary area(s) of complaint / other chronic bodily discomfort: _____

What helps/hinders these areas?: _____

When is the pain worse/better?: _____

Whom else have you consulted? What did they say/do/suggest?: _____

Please check any of the below conditions that currently affect you:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Circulatory problems | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Pregnancy | _____ |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Spinal/skeletal problems | _____ |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Infectious diseases | _____ |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Respiratory problems | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies/skin problems | _____ |

Lifestyle

What physical activities do you take part in (at work or for fun)? _____

Other

Any thoughts, feelings, or other information you'd like to add? _____



Knowing the importance of any existing physical conditions on the effectiveness of my treatment, I have listed all my known medical conditions and physical limitations. I will inform Suzanna of any physical, mental, or emotional changes that occur with my health.

I understand that massage therapy is not involved with the treatment or diagnosis of disease, but hopefully offers some relaxation and relief.

For the full-body sessions, I understand any part of my body that is exposed will be properly draped. I will let Suzanna know if my warmth, safety, or comfort is ever in question.

Signature: _____

Date: _____

THANK YOU SO VERY MUCH!

