

Practitioner/Clinic Name: _____

Health Information

(page 1 of 2)

Contact Information: _____

Client Contact Information

Client Name: _____ Date: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone: _____ Email: _____

Referred by: _____

Emergency Contact: _____ Phone: _____

Physician/Healthcare Provider Name: _____ Phone: _____

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)? Yes No

Do you have a physician referral/prescription? Yes No

Massage Information

Have you ever received professional massage/bodywork before? Yes No

How recently? _____

What types of massage/bodywork do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork?

How do you feel today? _____

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)? Yes No

Explain:

List the medications you currently take:

Are you wearing contacts? Yes No

Are you wearing dentures? Yes No

Are you wearing a hairpiece? Yes No

Are you pregnant? Yes No

Health History

Have you had any injuries or surgeries in the past that may influence today's treatment?

Circle any of the following health conditions that you currently have (if you are unsure, please ask):

Please answer honestly, as massage may not be indicated for the below conditions.

blood clots infections congestive heart failure contagious diseases pitted edema

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

Current Past Muscle or joint pain _____

Current Past Muscle or joint stiffness _____

Current Past Numbness or tingling _____

Current Past Swelling _____

Current Past Sensitive to touch/pressure _____

Current Past High/Low blood pressure _____

Current Past Stroke, heart attack _____

(continued on the other side)



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(page 2 of 2)

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Health History (continued)

Current	Past	Varicose veins _____
Current	Past	Shortness of breath, asthma _____
Current	Past	Cancer _____
Current	Past	Neurological (e.g. MS, Parkinson's, chronic pain) _____
Current	Past	Epilepsy, seizures _____
Current	Past	Headaches, migraines _____
Current	Past	Dizziness, ringing in the ears _____
Current	Past	Digestive conditions (e.g. Crohn's, IBS) _____
Current	Past	Gas, bloating, constipation _____
Current	Past	Kidney disease, infection _____
Current	Past	Arthritis (rheumatoid, osteoarthritis) _____
Current	Past	Osteoporosis, degenerative spine/disk _____
Current	Past	Scoliosis _____
Current	Past	Broken bones _____
Current	Past	Allergies _____
Current	Past	Diabetes _____
Current	Past	Endocrine/thyroid conditions _____
Current	Past	Depression, anxiety _____
Current	Past	Memory Loss, confusion, easily overwhelmed _____

Comments:

Cancellation Policy

Once you have booked a massage appointment with us it means that we have reserved our therapist's time exclusively for you. We understand that unanticipated events happen occasionally in everyone's life. We value your business and strongly believe that your time is as valuable as ours. In our desire to be effective and fair to all clients and staff, massage appointments are subject to the following cancellation policy:

Late Cancellations/No-Shows: A cancellation is considered late when the appointment is cancelled less than **24 hours** before the appointed time. A no-show is when a patient misses an appointment without cancelling. In either case, you will be charged a cancellation fee as outlined below.

Cancellation is free up to **24 hours** in advance. Appointments are in high demand and your advanced notice will allow another patient access to that appointment time. **New clients and/or first appointments that result in a no show or late cancellation will be charged 100% of the scheduled fee; otherwise, for existing clients less than 24 hours' notice a 50% late cancellation fee will be charged.** Cancellation fee is based on the current fee schedule at the time cancellation occurs.

How to Cancel Your Appointment: If you need to cancel or reschedule your appointment time, please call us at (520) 877-2666. If necessary, you may leave a voicemail message. We will return your call as soon as possible. Cancellation by text message is available by following the instructions on your original text reminder. Cancellations by email *cannot* be accepted.

Appointment Reminders: As an added convenience, our office offers text message reminders. If you would like to sign up for this service, ask any member of our front desk to opt-in. In addition to this convenience, you can easily cancel an appointment by text message by following the instructions on your original text. *Remember, a 24-hour notice is always required for any cancellations or appointment changes.*

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also 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. Understanding all of this, I give my consent to receive care.

Client Signature: _____

Date: _____

Parent or Guardian Signature (in case of a minor): _____

Date: _____

