



**New Client Information and Health History**

**CONFIDENTIAL**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

What name do you prefer to be called? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Have you previously experienced professional massage? \_\_\_\_\_

If so, how frequently do you receive massage? \_\_\_\_\_

What types of massage do you typically prefer? \_\_\_\_\_

What is the reason for your visit today? \_\_\_\_\_

Do you have any chronic, ongoing pain that you deal with on a regular basis?

Describe what activities cause this pain and/or make it worse.

Please tell me about any surgeries, accidents or injuries that you have had

within the last 3 years \_\_\_\_\_

more than 3 years \_\_\_\_\_

Are you currently receiving any other type of physical health treatment or under the care of a physician? \_\_\_\_\_

Are you currently experiencing any of the following conditions?

Flu or Cold  Inflammation  Fever  Infection  Contagious Disease

Please list current medications, including aspirin, ibuprofen, herbs, supplements, etc.

Do you exercise regularly? \_\_\_\_\_ How much water do you drink daily? \_\_\_\_\_

Please list all forms and frequency of stress reduction activities, hobbies, exercise or sports

Please use the analog scale below to mark the level of pain of any conditions that you are experiencing now or have experienced recently.

**Pain Scale: minor - 0 1 2 3 4 5 6 7 8 9 10 - severe**

___ headaches, migraines	___ muscle or joint pain	___ tension, stress
___ vision problems	___ muscle or bone injuries	___ depression
___ hearing problems	___ numbness or tingling	___ sleep difficulties
___ sinus problems	___ sprains, strains	___ allergies, sensitivities
___ jaw pain, tmj	___ arthritis, tendonitis	___ rashes, athletes foot
___ asthma or lung condition	___ spinal column disorders	___ blood clots
___ constipation, diarrhea	___ diabetes	___ varicose veins
___ hernia	___ heart, circulatory problems	___ high/low blood pressure
___ fatigue	___ cancer, tumors	___ other conditions not listed

Please list any conditions not above: \_\_\_\_\_

### **BAREFOOT MASSAGE CLIENTS ONLY**

Advanced, double-footed deep barefoot massage is not recommended for clients with the conditions listed below. Please inform me if you currently have or have recently experienced the following so that I may adjust the session accordingly:

- Women who are pregnant or trying to get pregnant
- Osteoporosis or those who have had rib fractures
- Breast implants within the past 9 months
- Lasik surgery within the last 72 hours or those who have had recent eye procedures
- Those with painful varicose veins or active inflammatory conditions such as phlebitis/cellulitis
- Persons with uncontrolled high blood pressure or uncontrolled heart condition
- Uncontrolled diabetes
- Cancer patients currently undergoing chemotherapy
- Those with tuberculosis, thrombosis, aneurysm, kidney disorders, recent bowel or hernia surgery

Are you currently on blood thinners like high levels of aspirin, Coumadin, Lovanox, Heparin or Plavix? \_\_\_\_\_

Please inform me if you currently have or recently experienced any of the following so that I may adjust the session accordingly: hemorrhoids, spider veins/varicosities, fresh bruises, heavy menstrual cramping or abnormal flow cycle, recent knee surgery, recent injections of substances at joint or muscle junctures, pacemaker, stent or shunt.

**At various times throughout the year, I offer discounted massage services to my clients via email. I would love to inform you of these offers! Please list your email address if you would like to be an "INSIDER"!!!**  
**Email address:** \_\_\_\_\_

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications or manipulate bones. I understand that cancelled or missed appointments without **24 hours** notice **will be billed half** of your scheduled fee unless your reserved time can be rescheduled with a different client. If something does come up, please consider sending a friend or loved one in your place so that they may enjoy the benefits of massage therapy.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_