HEALTH HISTORY INTAKE FORM

Full Name: ____ **Date:** ____________________

Street: ________________________________ **Town:** ____________________ **Zip:** _______

Home phone: ______________________ **Cell/Work phone:** _________________________

Employer: __________________________ **Birthday:** ________________ **Age:** __________

Emergency contact name and #: ____

Check reason for seeking massage therapy treatment:
___ medical ___ relaxation ___ general health ___ other: __________________________

What are your chief areas of complaint? ____

Please check any of the following conditions that apply to you:

___ allergies
___ arthritis
___ TMJ
___ numbness
___ neck/shoulder pn
___ back pain
___ varicose veins
___ diabetes
___ cancer
___ surgeries
___ dizziness
___ weakness
___ poor circulation
___ headaches
___ high/low blood press.
___ other:____
___ medications
___ swelling of joints
___ fatigue/depression
___ limited range motion
___ broken bones
___ heart problems
___ sinus problems

Please explain any of these conditions:
____

Have you ever had massage before? _____ **If yes, how often?** ________________________

Please check preferences during your massage:
___ light pressure ___ medium pressure ___ firm pressure
___ no conversation ___ light conversation ___ want conversation

___ Notify me of any special offers and discounts via email
___ Do not notify me of any special offers
___ Yes, I would like to receive your periodic health-newsletter via email

E-mail address: ____

I consent to massage treatment and/or other services by employees and independent contractors of Wellness in the Workplace, LLC. I have had an opportunity to ask about the risks and benefits of massage therapy and/or other services. I understand the clinical and administrative staff may review this record, but that all of my records will be kept confidential and will not be released to any party. I understand that I am to consult a physician regarding any conditions for which I am seeking massage therapy and/or other services.

____ ________________________

Client's signature **Date**