

# Personal Health Information

## Personal Data:

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home/Cell Phone#: \_\_\_\_\_  
Work Phone#: \_\_\_\_\_  
Employer/Occupation: \_\_\_\_\_

Primary Health Care Provider: \_\_\_\_\_ Phone#: \_\_\_\_\_

Permission to consult with relevant health care provider: Yes / No

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

## Massage History/Treatment Information:

Have you ever received a professional massage? Yes / No

If yes, how frequent? \_\_\_\_\_

Are you currently seeing a medical practitioner? (MD, Chiropractor, Physical Therapist)

Please explain if yes. Yes / No \_\_\_\_\_

List current medications: (include aspirin, Ibuprofen, etc.) Give dosage and condition.

\_\_\_\_\_  
\_\_\_\_\_

## Medical History (Include year and treatment received)

Current or Previous Illness: \_\_\_\_\_

- Circle if any apply: Cancer, High Blood Pressure (on meds for high blood pressure Y/N)

Current or Previous Surgeries/Accidents/Injuries: \_\_\_\_\_

\_\_\_\_\_

Are you currently running a fever (Y/N)

Areas of any discomfort/pain: \_\_\_\_\_

Purpose/reason for today's visit: \_\_\_\_\_

*Please read and sign the back of this form*

**Cancellation and No-Show Appointment Policy:**

We understand that situations arise in which you must cancel your appointment. It is requested that if you need to cancel your massage appointment, **please provide us at least 24-48 hours' notice** when possible. This will enable other patients who are waiting for an appointment to be scheduled in that appointment slot, which is not always feasible if less than 24 hours' notice is given. If you cannot keep this appointment please call and cancel and you can reschedule at that time. **Failure to do so will result in a \$40.00 no show fee.**

**Consent For Care:**

I understand that massage practitioners do not diagnose illness, disease, or other physical or mental disorders. Massage practitioners do not prescribe medical conditions or pharmaceuticals. It has been made clear to me that massage is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have. I have stated all my known medical conditions and take it upon myself to keep the massage practitioner updated on my physical health.

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

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if patient is a minor)