

Health Questionnaire for Massage Therapy

Name: _____

Birth Date: ____/____/____

1. Have you ever had massage therapy before? NO YES
2. Do you have allergic reactions to oils, lotions, ointments, liniments or other substances put on your skin?
 NO YES: _____
3. What is your major complaint for today's visit? _____

4. Are you currently under medical supervision? NO YES: _____

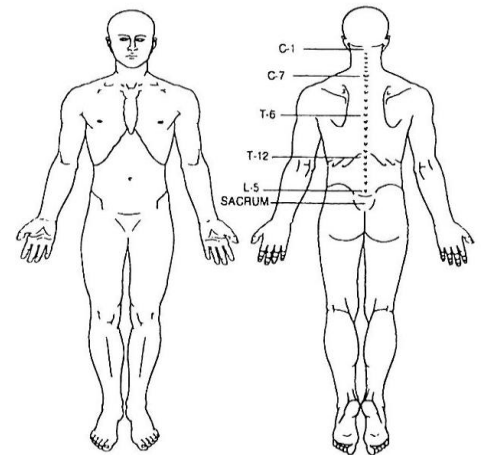
5. Are you currently pregnant? NO YES- Due Date? _____
6. Have you been sick (cold, flu, fever, etc) in the last 7 days? NO YES: _____
7. Are you taking medication? NO YES-please list: _____

8. Are you wearing/have any of the following? Contacts Dentures Pace Maker Ports Hearing Aids
9. What are your goals for today's massage? _____

Do you currently (C) have or have a history (H) of the following?

C H	Date	Date
<input type="checkbox"/> Accident _____		<input type="checkbox"/> Scoliosis _____
<input type="checkbox"/> Whiplash _____		<input type="checkbox"/> Disc Problems _____
<input type="checkbox"/> Headaches _____		<input type="checkbox"/> Broken Bones _____
<input type="checkbox"/> Heart attack/problems _____		<input type="checkbox"/> Sprains _____
<input type="checkbox"/> Stroke _____		<input type="checkbox"/> Prosthetics/Artificial Joints _____
<input type="checkbox"/> High/Low Blood Pressure _____		<input type="checkbox"/> Arthritis/Joint Ache _____
<input type="checkbox"/> Diabetes _____		<input type="checkbox"/> Fibromyalgia _____
<input type="checkbox"/> Edema _____		<input type="checkbox"/> Hepatitis _____
<input type="checkbox"/> Skin disorders _____		<input type="checkbox"/> HIV _____
<input type="checkbox"/> Abdominal pain _____		<input type="checkbox"/> Cancer _____
<input type="checkbox"/> Digestive Disorders _____		<input type="checkbox"/> Breast augmentation _____
<input type="checkbox"/> Surgery- when/where _____		

PLEASE INDICATE WITH AN (X), THE PLACES YOU ARE FEELING DISCOMFORT



- I understand that massage is not in replacement for medical care and that no diagnosis will be made.
- I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on changes in my physical health. With this in mind, I agree that the massage therapist cannot be held liable for any problems that might arise as a result of my massage sessions.

Signature: _____

Date: _____