Health History Form for A Healing Touch Massage

NAME: _____ DATE OF BIRTH: dd / mm / yyyy

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE: CELL _____ HOME: _____ WORK: _____

OCCUPATION: _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

PHYSICIAN ADDRESS: _____

E-Mail (for bookings): _____

Have you received massage therapy before? □ Yes □ No Current health status: _____

Please indicate conditions you are experiencing or have experienced:

CARDIOVASCULAR

- High blood pressure
- Low blood pressure
- Chronic congestive heart failure
- Heart attack
- Phlebitis / varicose veins
- Stroke /CVA
- Pacemaker or similar device
- Heart disease

RESPIRATORY

- Chronic cough
- Shortness of breath
- Bronchitis
- Asthma
- Emphysema

INFECTIONS

- Hepatitis
- Skin conditions
- TB
- HIV
- Herpes
- Warts, what kind_____

OTHER CONDITIONS

- Diabetes? onset: _____
- Nature/timing of injuries? where? _____ _____
- Nature/timing of surgeries? where? _____ _____
- Loss of sensation, where? _____
- Allergies/hypersensitivity? cause: _____ Type of reaction? _____
- Epilepsy
- Cancer? type/location: _____
- Skin conditions
- Arthritis? Family Hx : □ Yes □ No
- Mental illness
- Osteoporosis
- Haemophilia
- Digestive conditions? Describe: _____

HEAD/NECK

- History of headaches
- History of migraines
- Vision problems
- Vision loss
- Ear problems
- Hearing loss

WOMEN

- Pregnant? due: : _____
- Gynaecological conditions? Details: _____ _____

DO YOU HAVE ANY

- Pins
- Wires
- Artificial joints
- Special equipment

If yes, describe:

_____
_____
_____
_____
_____
_____

Did a health care practitioner refer you for massage therapy? □ Yes □ No

If yes, please provide their name and number & address: _____

_____

CURENT MEDICATIONS **CONDITION IT TREATS**

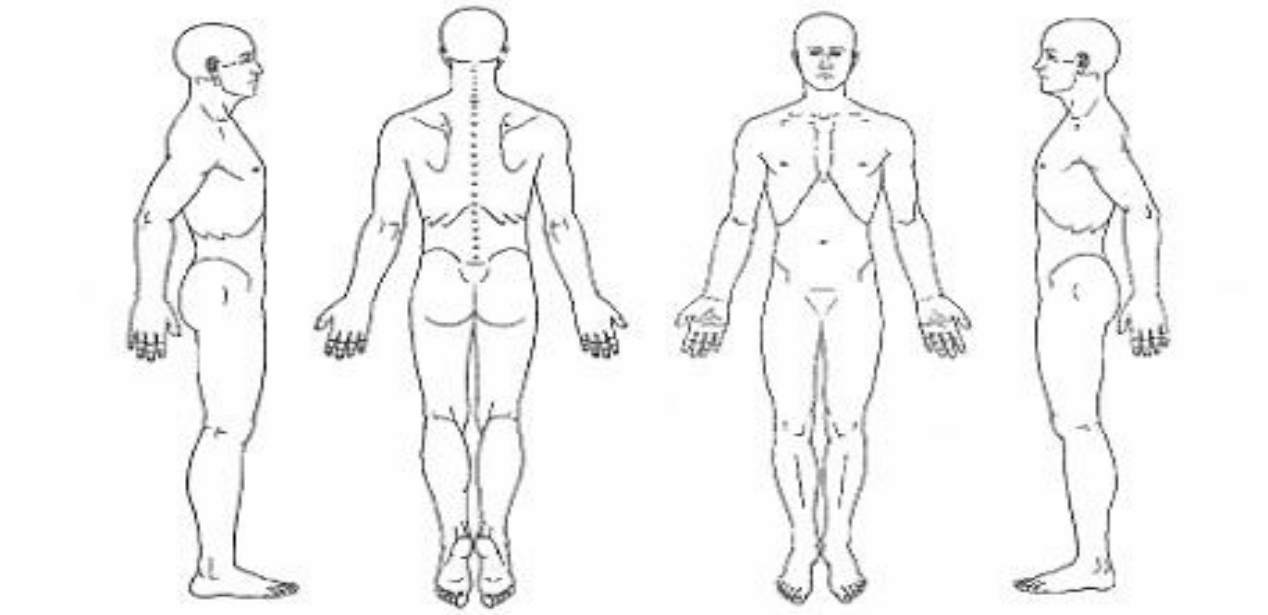
Are you currently receiving treatment from another health care professional? □ Yes □ No
If yes, for what?

_____

What is your reason for seeking massage therapy today?

_____

Please note on diagram where you feel your symptoms and discomfort.



Signature: _____ Date: _____

Office use only:
Updated:

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