



## Live By Massage Health History

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Is it OK to call for special offers/updates? \_\_Yes \_\_No

Email \_\_\_\_\_ Is it OK to send special offers/updates? \_\_Y \_\_N

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How'd you hear about us?

Friend/Family

Internet search

Chair massage at event

Ad

Coupon/Special offer

Other \_\_\_\_\_

**Medical History and Information** Check any or all that apply to your present health:

Headaches

Fatigue

Women only:

Chronic pain

Scoliosis

Pregnant

Varicose veins

Cancer/tumors

Painful menstruation

Vision problems

Liver/kidney problems

Endometriosis

Muscle or joint pain

Depression

Men only:

Blood clots

Arthritis

Prostrate problems

Sinus problems

Infectious disease

Other(Please explain):

Numbness/tingling

Sleep difficulties

\_\_\_\_\_

Diabetes

Tendonitis

\_\_\_\_\_

High/low blood pressure

Skin problems

\_\_\_\_\_

Sprains/strains

Jaw pain

\_\_\_\_\_

Anxiety

Teeth grinding

List all medications/herbs/vitamins and dosage:

\_\_\_\_\_

What is the reason for your visit? Are you experiencing pain or tension?

\_\_\_\_\_

\_\_\_\_\_

List previous major injuries/surgeries and approximate date:

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What other treatments are you receiving and by whom (acupuncture, physical therapy, chiropractic, naturopathic)?

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What seems to help the most?

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What seems to aggravate the condition the most?

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What is your main activity at work?

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What physical activities you participate in regularly?

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What other repetitive activities?

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What do you do to relieve stress?

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I understand the benefits and risks of massage and give my consent for massage. I will consult my practitioner with any questions or concerns immediately.

I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes.

I agree to provide **24 hour** cancellation notice with the understanding that the third missed appointment will be paid in full to Live By Massage.

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