

~ Serenity By Sharyn ~

CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (alt) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_ May I thank them for the referral? Yes No

Reason for Visit: \_\_\_\_\_

Is this your first professional massage? o Yes o No if no, how frequently do you get a massage? \_\_\_\_\_

Are you aware of any tension holding spots in your body? \_\_\_\_\_ If yes, location(s) \_\_\_\_\_

Do you have any allergies or sensitivity to any chemicals, detergents, scents, lotions, etc? \_\_\_\_\_ if yes, please list: \_\_\_\_\_

Please state any recent injuries, surgeries, accidents or medical treatments: \_\_\_\_\_

Please list any medication (vitamins, herbs or pharmaceutical) taken now or at regular intervals: \_\_\_\_\_

Are you currently under the care of a physician? \_\_\_\_\_ Whom? \_\_\_\_\_

Please check any of the following conditions below that currently affect you or that you have experienced in the last 5 years.

\_\_\_ Neck/Spine Injury

\_\_\_ High Blood Pressure

\_\_\_ Liver Conditions

\_\_\_ Back Pain

\_\_\_ Low Blood Pressure

\_\_\_ Kidney Conditions

\_\_\_ Sciatica/Leg Pain

\_\_\_ Skin Disorders

\_\_\_ Heart Conditions

\_\_\_ Carpal Tunnel

\_\_\_ Infectious Disease

\_\_\_ Fibromyalgia

\_\_\_ TMJ Syndrome

\_\_\_ Diabetes

\_\_\_ PMS Syndrome

\_\_\_ Sport Injuries

\_\_\_ Arthritis

\_\_\_ ALS/MS/Parkinson's

\_\_\_ Headache

\_\_\_ Cold/Flu/Fever

Other: \_\_\_\_\_

\_\_\_ Varicose Veins

\_\_\_ Pregnancy

Other: \_\_\_\_\_

\*\*Have you ever been diagnosed with cancer? \_\_\_\_\_ When? \_\_\_\_\_

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications, or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental, or emotional changes that occur with my health including, but not limited to having the flu or cold, inflammation, fever, infection, or contagious disease. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) may be charged in full for the price of the missed session.

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