# *HEALTH HISTORY*

*Name: _____ Today's Date: _____*
*Address: _____ City/State/Zip: _____*
*Home Phone: _____ Cell: _____ Work Phone: _____*
*Occupation: _____ Date of Birth: _____*
*Referred By: _____Email: _____*

*Do you have any of the following conditions? (Please circle and give details below)*

| | | |
|---|---|---|
| *ACUTE PAIN* | *EMOTIONAL CHANGES* | *LOW BLOOD PRESSURE* |
| *ALLERGIES* | *FALLS* | *MENTAL ILLNESS* |
| *ANEURYSM* | *FIBROMYALGIA* | *OSTEOPOROSIS/OSTEOPENEA* |
| *ARTHRITIS* | *FRACTURES* | *NEUROLOGICAL PROBLEMS* |
| *BLOOD CLOT* | *GI TRACT PROBLEMS* | *PREGNANCY* |
| *BREATHING DIFFICULTIES* | *HEADACHES* | *SCARS* |
| *CANCER OR BENIGN TUMORS* | *HEART CONDITION* | *SINUS PROBLEMS* |
| *CAR ACCIDENTS* | *HIGH BLOOD PRESSURE* | *SKIN DISORDERS* |
| *CHRONIC ILLNESS* | *IMMUNE DISORDERS* | *SPINAL PROBLEMS* |
| *CHRONIC PAIN* | *INFECTIOUS CONDITION* | *STRAIN/SPRAIN* |
| *CYST* | *INJURIES OF ANY KIND* | *SURGERIES* |
| *DEPRESSION* | *IUD* | *TRAUMA* |
| *DIABETES* | *KIDNEY PROBLEMS* | *VARICOSE VEINS* |

*DETAILS OF ABOVE CONDITIONS: _____*

_____

*OTHER HEALTH CONDITIONS OR ILLNESS: _____*

*MEDICATIONS TAKEN REGULARLY: _____*

*HAVE YOU HAD ANY ALTERNATIVE HEALTHCARE? MASSAGE_____ BODYWORK_____*
*ACUPUNCTURE_____ OTHER_____*

*If the need were to arise, may I have your permission to contact your doctor? _____*
*Name of Doctor: _____ Phone: _____*

*Any other issues, concerns, or information you would like to discuss before your session?*

_____

*This information will be treated confidentially. In order to maximize the effectiveness during your session, please give your feedback during and after the session. There is no place for 'no pain, no gain' in this business. Each person is unique. Only through open and honest communication can help the effectiveness of this kind of massage and bodywork. This kind of work is a form of health and wellness and does not constitute medical treatment. I take responsibility for alerting my practitioner to any conditions that would affect this work. I also take full responsibility for any conditions, which may arise as a result of this session.*

*SIGNATURE_____ Date_____*