



# Client Information and Health Survey

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Referred by \_\_\_\_\_

Have you had a professional sports massage before? Yes\_\_\_ No\_\_\_  
 If yes, where did you receive it? \_\_\_\_\_  
 Did you enjoy it? Yes\_\_\_ No\_\_\_  
 What specifically did you or did you not enjoy? \_\_\_\_\_  
 What kind of pressure do you prefer? Light\_\_\_ Medium\_\_\_ Deep\_\_\_ Don't Know\_\_\_  
 How do you want to feel after your massage? \_\_\_\_\_

Primary reason for massage today \_\_\_\_\_  
 How would you describe your health? Poor\_\_\_ Fair\_\_\_ Good\_\_\_ Excellent\_\_\_  
 Do you participate in sports? Yes\_\_\_ No\_\_\_  
 If yes, which sports, and how often? \_\_\_\_\_  
 Please list any musculoskeletal injuries, past and present: \_\_\_\_\_

Have you been hospitalized in the past year? Yes\_\_\_ No\_\_\_  
 Are you currently under the care of (check all that apply): Physician\_\_\_ Chiropractor\_\_\_  
 Psychotherapist\_\_\_ Alternative practitioner\_\_\_  
 If so, for what reason? \_\_\_\_\_

- Please check if you are affected by any of these conditions:
- Allergies
  - Blood Clots
  - Heart Disease
  - Joint Disease
  - Skeletal Injuries
  - Arthritis
  - Circulatory Problems
  - Hernia/Rupture
  - Low/High BP
  - Skin Problems
  - Pregnancy ( \_\_\_ weeks)
  - Muscular Injuries
  - Diabetes
  - Spinal Problems
  - Other \_\_\_\_\_

Date(s) diagnosed: \_\_\_\_\_

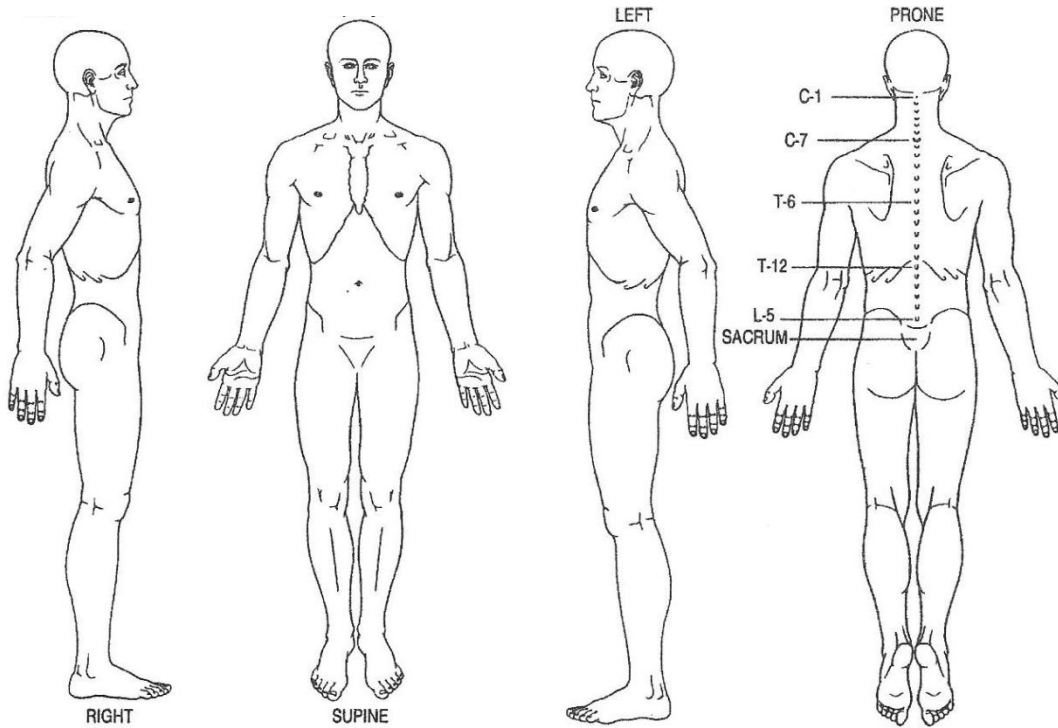
- Please check any chronic problems you may be having:
- Abdominal Pain
  - Dizziness
  - Fatigue
  - Sinusitis
  - Chest Pain
  - Depression
  - Insomnia
  - Carpal Tunnel Syndrome
  - Constipation
  - Digestive Problems
  - Migraine Headaches
  - Other \_\_\_\_\_

Do you wear (check all that apply): Contact Lenses\_\_\_ Dentures\_\_\_ Bridgework\_\_\_

Are you currently taking any medications? Please List: \_\_\_\_\_

Do you have any other medical condition, symptom, or problem with regard to your health, fitness, or any structural condition the practitioner should be aware of prior to administering massage therapy?  
 Yes\_\_\_ No\_\_\_ If yes, please describe \_\_\_\_\_

Indicate any areas of pain or tension on the figures below:



I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I am aware that I am liable for full payment of any appointments canceled within 24 hours of the scheduled session time. I understand that the practitioner agrees to keep all information contained in my health history and disclosed in the course of a massage/bodywork session private and confidential.

I, \_\_\_\_\_, attest that all information is accurate to the best of my knowledge.

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

If client is under 18, signature of Parent/Guardian \_\_\_\_\_