

Healthy Necessity Massage

Health Information

Client Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Referred by: _____

Emergency contact: _____

Phone: _____

Physician/Health-care Provider name and phone#: _____

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)? Yes No

Do you have a physician referral/prescription? Yes No

Massage Information

Date: _____

Have you ever received professional massage/bodywork before? Yes No

How recently? _____

What types of massage/bodywork do you prefer?

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork?

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)? Yes No Explain:

List the medications you currently take:

Are you wearing contacts? Y/N

Are you pregnant? Y/N

Have you had any injuries or surgeries in the past that may influence today's treatment?

List any of the following health conditions that you currently have (If you are unsure, please ask): blood clots, infections, congestive heart failure, contagious diseases, pitted edema Please answer honestly, as massage may not be indicated for the above conditions.

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

Muscle or joint pain _____

Muscle or joint stiffness _____

Numbness or tingling _____

Swelling _____
Bruise easily _____
Sensitive to touch/pressure _____
High/Low blood pressure _____
Stroke, heart attack _____
Varicose veins _____
Shortness of breath, asthma _____
Cancer _____
Neurological (e.g. MS, Parkinson's, chronic pain) _____

Epilepsy, seizures _____
Headaches, Migraines _____
Dizziness, ringing in the ears _____
Digestive conditions (e.g. Crohn's, IBS) _____

Gas, bloating, constipation _____
Kidney disease, infection _____
Arthritis (rheumatoid, osteoarthritis) _____

Osteoporosis, degenerative
spine/disc _____
Scoliosis _____
Broken bones _____
Allergies _____
Diabetes _____
Endocrine/thyroid conditions _____
Depression, anxiety _____
Memory Loss, confusion, easily
overwhelmed _____

Consent for Treatment

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/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. Understanding all of this, I give my consent to receive care.

Client Signature: _____
Parent or Guardian Signature (in case of a minor): _____
Date: _____
California State Massage Therapist Signature: _____