

Patient/Client Health History

Craft Massage

Right NOW is all about YOU

Name _____ Phone # _____

Emergency Contact (Name, Phone #) _____

Address _____

Email _____ Date of Birth _____

With a shared GOAL, together we can make CHANGE

Briefly list major injuries, accidents, surgeries? _____

Any relevant medications or on-going treatments (i.e. for pain, diabetes, heart/lung irregularities, cancer)? _____

Any allergies to scents, nuts, fruits, or pets? _____ Seasonal allergies? _____

Any other health concerns I should know about? _____

Why are you coming for massage? _____

May the massage therapist thank anyone for a referral? _____

[Massage Therapist interview notes] _____

Our everyday ACTIVITIES are represented in our BODY

What is your occupation? _____

What exercise and/or other physical activities do you perform regularly? _____

How do you spend your down time? _____

MEMORIES can be held in our MUSCLES

Are there any factors contributing to emotional stress (past or present)? (a simple "yes" or "no" is all that is requested) _____

I certify that the above information is true to my knowledge. I will inform the massage therapist of any changes or additions to the above information before beginning each session. I understand that without a 24 hour notice of cancellation I may be asked to reimburse the therapist \$20 for her time and consideration. Any exercises and/or stretches recommended by the therapist as self treatment will be performed at my discretion as well as in consultation with my primary physician and any other doctors whose care I am under. All communication with the massage therapist will be kept confidential unless I give my written consent for the purposes of therapist-to-doctor or therapist-to-therapist consultation.

Client: _____ Date: _____

Therapist: _____ Date: _____