



Confidential Health History

Personal Data

Name _____

Birthdate _____ Referred by _____

Address _____

Address2 _____ Email _____

Primary Care Physician _____ Occupation _____

Home phone _____ Work _____ Cell _____

Massage History/Treatment Information

Have you ever received a professional massage? Yes No If yes, frequency _____ Date of last message _____

What results do you want from your massage session? _____

Prioritize the areas of your body you prefer to be massaged _____

Are there areas of your body you do NOT want massaged? _____

Are you currently seeing a medical practitioner? Yes No If yes, please explain _____

List stress-reduction exercise activities, include frequency _____

List current medications including aspirin, ibuprofen, etc _____

Janice Luzzi LMT
Valley Therapeutic Massage

Health History

SURGERIES _____

ACCIDENTS _____

MUSCULO-SKELETAL

- Bone or joint disease
- Tendonitis
- Bursitis
- Broken/fractured bones
- Arthritis
- Sprains/strains
- Low back, hip, leg pain
- Neck, shoulder or arm pain
- Headache/head injuries
- Spasms/cramps
- Jaw pain/TMJ
- Lupus

CIRCULATORY

- Heart condition
- Varicose veins
- Blood clots
- High blood pressure

OTHER THAN ABOVE: _____

- Low blood pressure
- Lymphedema
- Breathing difficulty
- Sinus problems
- Allergies

SKIN

- Allergies
- Rashes
- Athletes foot
- Warts

DIGESTIVE

- Constipation
- Gas/bloating
- Diverticulitis
- Irritable bowel syndrome

NERVOUS SYSTEM

- Herpes/shingles
- Numbness/tingling
- Chronic pain
- Fatigue
- Sleep disorders

REPRODUCTIVE

- Pregnant? Stage?
- PMS

OTHER

- Cancer/tumors
- Diabetes

INFECTIOUS DISEASE

Disease name(s)

It is my choice to receive massage therapy. I realize that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation of energy flow. I agree to communicate with my practitioner any time I feel like my well-being is being compromised.

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder. Nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulators. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary care provider for that service.

I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

Signature _____ Date _____

Print name _____