



In Tune Massage

Confidential Health History

Name _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Gender/pronouns _____

Email address _____

Emergency Contact Name _____ Phone number _____

How did you hear about us? Walk by _____ Google Search _____ Facebook _____
Referred by _____ Other _____

Occupation _____

Hobbies _____

Activity level: Low Medium High

What best describes your reason for receiving a massage therapy treatment today?

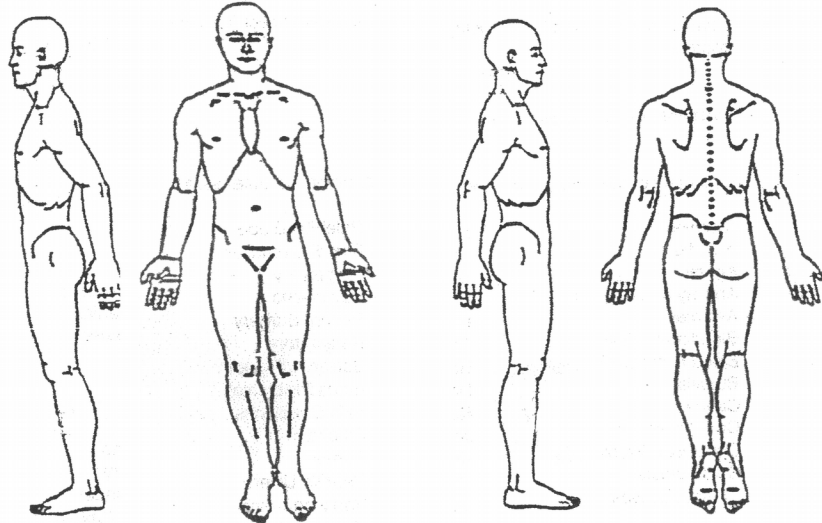
_____ Specific: I have a concern (i.e. recovery from injury, etc.)

_____ Relaxation: I need some relaxation & to de-stress

_____ Prevention: Stay injury and tension free

_____ Performance: Improve flexibility, range of motion, and athletic performance

On the diagram, please mark areas of regular pain, stress or tension



Have you had a professional massage before? Yes _____ No _____

If yes, what did you like? _____

What did you not like? _____

List past injuries _____

List current injuries _____

List any surgeries or hospitalizations _____

List current medications and what they are for _____

Do you have any allergies? (please list) _____

Are you currently under the care of a physician or chiropractor? _____

If yes, what for? _____

Please *CIRCLE* any *CURRENT* conditions. *UNDERLINE* any *PAST* conditions.

- | | | |
|----------------------|------------------------|-----------------------------|
| Anxiety | Disc problems | Phlebitis/Thrombosis |
| Arthritis | Fatigue | Pregnant (what week? _____) |
| Arteriosclerosis | Fibromyalgia | Sciatica |
| Asthma | Glaucoma | Scoliosis |
| Back injuries | Headaches/migraines | Seizures/Epilepsy |
| Blood clots | Heart condition | Sensitive area |
| Bruise easily | Hepatitis | Skin condition |
| Bursitis/Tendonitis | Hiatal hernia | Spinal injury |
| Cancer | High/low blood sugar | Sprain/strain |
| Carpal Tunnel | HIV+ | Stress |
| Circulation problems | Hypertension | Stroke |
| Concussion | Insomnia | TMJ syndrome |
| Contagious disease | Mental illness | Torn muscle/ligament |
| Cystic Fibrosis | Multiple Sclerosis | Ulcer |
| Depression | Neck injuries/whiplash | Varicose veins |
| Diabetes | Numbness/tingling | Other: |
| Digestive issues | Osteoporosis | _____ |

By signing this form, I agree to the following:

1. It is my choice to receive bodywork/massage therapy. I understand that massage therapy is an aid to health and well-being, and in no way takes the place of a doctor's care when it is indicated.
2. I understand that my therapist is not qualified to diagnose, prescribe, or treat any medical condition, and that nothing said in the course of the session(s) should be construed as such.
3. I affirm that I have stated all my known medical conditions. I will let the practitioner know of any change in my medical profile, and understand that there will be no liability on the practitioner's part should I fail to do so.
4. I agree to obtain my doctor's approval prior to my first session, if necessary.
5. I understand that any inappropriate conduct by me will result in immediate termination of the session, and that I have the right to terminate the session at any time.

Signature _____

Date _____