

CONFIDENTIAL HEALTH HISTORY

An accurate health history is important to ensure that it is safe for you to receive a massage treatment. If your health status changes, please let me know. All information gathered is confidential except as required or allowed by law. Written authorization is required for release of any information.

PERSONAL DATA

Name: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Tel. Res: _____ Tel. Bus: _____ Date of Birth: _____

Occupation: _____ Email: _____

Primary Complaint / Reason for Visit: _____

How did you hear about our clinic? _____

Emergency Contact: _____ Tel.: _____

HEALTH HISTORY

Please check all that are applicable:

SOFT TISSUE / JOINT / NERVE

- neck pain / stiffness / injury
- whiplash / car accident
- tension / migraine headaches
- ringing in the ears
- tooth / jaw / ear pain
- head trauma / concussion
- back pain / stiffness / injury
- herniated discs
- degenerating discs
- shoulder pain / stiffness / injury
- thoracic outlet syndrome
- arm pain / weakness / tingling
- leg pain / weakness / tingling
- knee pain / weakness / tingling
- foot pain / weakness / tingling
- fractures
- tendonitis / tenosynovitis
- bursitis
- dislocations
- osteoarthritis
- rheumatoid arthritis
- osteoporosis
- sports / work related injury
- repetitive strain injury
- carpal tunnel syndrome

SKIN

- rashes / open sores
 - bruise easily
 - sensitivity
 - infectious skin conditions:
- _____

RESPIRATORY

- asthma / bronchitis
- chronic cough
- emphysema
- shortness of breath
- sinus infection
- smoking
- other: _____

CARDIOVASCULAR

- bleeding disorder
- high / low blood pressure
- heart attack or CCHF
- angina
- stroke / CVA
- pacemaker
- varicose veins / phlebitis
- cold hands / feet
- swelling in hands / feet
- other: _____

HEAD / NECK

- vision:
- hearing loss
- ear problems
- jaw pain (TMJ)
- dizziness / lightheaded
- other: _____

GI CONDITIONS

- constipation / diarrhea
- nausea / vomiting
- irritable bowel
- liver / kidney problems
- ulcers / blood in stool
- other: _____

OTHER CONDITIONS

- allergies _____
- anxiety
- cancer
- diabetes
- fainting
- fever
- fibromyalgia
- hip or flank pain
- insomnia
- multiple sclerosis
- painful urination
- stress
- seizures
- other: _____

INFECTIOUS CONDITIONS

- HIV
- TB
- hepatitis
- other: _____

WOMEN

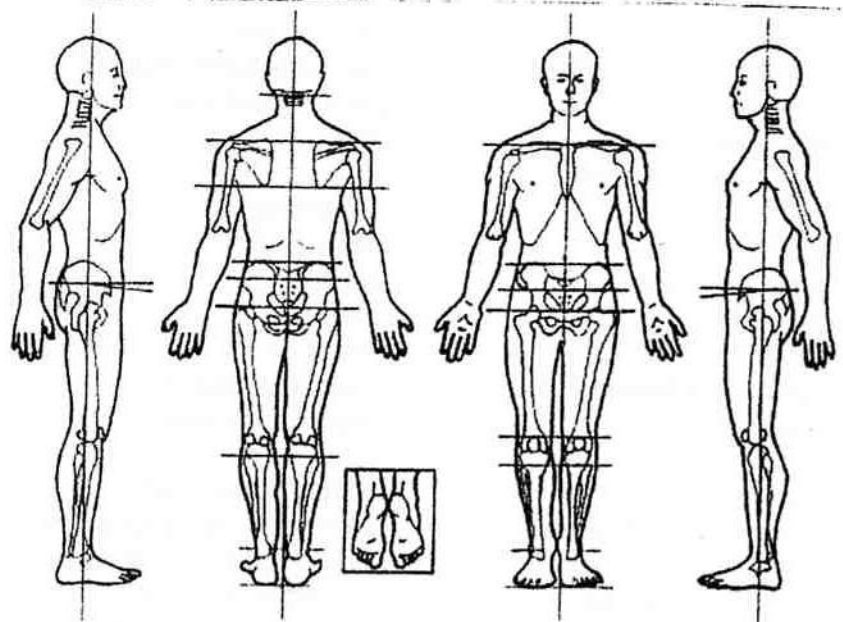
- pregnant: (due: _____)
- painful menstruation
- hysterectomy
- birth control
- other: _____

Current Medications: _____
 Condition(s) it treats: _____
Accident/ Injury: Car Accident Work Related Other _____ **Previous Surgery:** _____
 Date: _____ Date: _____
 Type: _____ Type: _____
 Current Symptoms: _____ Current Symptoms: _____

 Pins / Wires / Prosthetics: _____
 Primary Health Care Provider: _____ Tel #: _____
 Address: _____
 Present involvement in other Health Care: Yes/ No _____
 Other: _____

Use the diagram to show areas of pain, discomfort, injury or concern:

- Pain
- Tender Point
- Spasm
- Tightness
- Irritation
- Numbness/tingling
- Inflammation



I give, Heather Johnston, RMT permission to massage and treat the following areas:
 Back Buttocks Legs /Feet Abdomen Arms Chest Neck Head Face Other _____
 Signature: _____ Date: _____

I have filled out this form and have stated all my previous and current medical conditions to the best of my knowledge. If there is future change in my health status, I will notify the Heather Johnston, RMT to ensure my safety with the massage.
 I understand the Massage Therapists do not diagnose illness, disease or any physical / mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform chiropractic adjustments.
 I acknowledge that massage is not a substitute for medical examination or diagnosis and that it is recommended that I see a Medical Doctor for that service.
 I understand that I need to give 24hours notice for cancellations of appointments and that I will be charged a fee if cancelled on the same day. I understand that I will be charged a fee for missed appointments.
 Thank you for taking the time to fill out this important Health History.
 Signature: _____ Date: _____