Personal Data & health History – Caregiver

Name _____ Occupation _____

Cell # _____Home # _____Work #_____

Do you have any allergies? ◯ No ◯ Yes If yes, explain: _____

Have you previously received a therapeutic massage? ◯ No ◯ Yes When? _____

What is your expectation from today's session? _____

Have you had any accidents, broken bones, operations, muscle strains or sprains? ◯ No ◯Yes If yes, explain: _____

_____

Do you have any current or ongoing musculoskeletal pain/stiffness? ◯ No ◯ Yes If yes, explain: _____

_____

Please Check All that Apply

___ Wear contacts
___ Wear dentures
___ Wear hearing aid
___ Pregnant
___ PMS/painful menses
___ Fluid retention
___ Depression
___ Dizziness
___ Fainting
___ Loss of balance
___ Inner ear problem
___ ringing in ears
___ Irritability
___ Night sweats
___ Sleeping problem
___ Fatigue

___ Constipation
___ Muscle tightness
___ Muscle cramps
___ Swollen extremities
___ Numbness
___ Pins & needles
___ Cold hands
___ Cold Feet
___ Easy Bruising
___ Skin irritation
___ Skin sensitivity
___ Allergies
___ Sinus problems
___ Headaches
___ Migraines
___ Asthma

___ Joint pain
___ arthritis Fibromyalgia
___ Tendonitis
___ Sciatica
___ Herniated disc
___ Osteoporosis
___ Varicose veins
___ Edema
___ Herpes
___ Low blood pressure
___ High blood pressure
___ Heart disease
___ Diabetes
___ Hypoglycemia
___ Cancer
___ tuberculosis

___Thyroid problem
___Bladder problem
___Kidney problem
___Liver problem
___Gall bladder problem
___Stomach problem
___Ulcers
___Seizures/convulsions
___Immune deficiency disorders
___ Hepatitis
___ Scoliosis
___ Sports injuries
___ Chronic fatigue
___ Osteroarthritis

INITIALS : _____

This information and our sessions are treated with confidentiality. Please give feedback at any time during or after the massage. This communication between you and I during the massage will facilitate a more productive outcome from the session for you.

I, the client, understand that the work done during this massage does not constitute medical treatment and that the massage therapist is not a physician. The session is a form of health and wellness maintenance utilizing the techniques of massage and holistic healing. I, the client, take responsibility for alerting the therapist to any conditions that might affect this work. It is recommended that I, the client, see a physician for any ailments I might have. Any suggestions made by the massage therapist are recommendations not prescriptions.

My signature below indicates that I <u>understand and agree</u> to the above conditions

Signature _____ Date _____