Health History Form

The information request below will assist us in treating you safely. Feel free to ask any question about the information being requested. Please note that all information provided below will be kept confidentially unless allowed or required by law.

Your written permission will be requ	iired to release ar	ny information.	
Name:	Phon		
Address:	Da		
Occupation:			
Have you received massage therapy Did a health care practitioner refer y If yes, please provide their name and	ou for massage t	herapy? 🗆 Yes 🗆 No	0
Please indicate conditions you are e	xperiencing or ha	ve experienced:	
<u>Cardiovas cular</u>	Infections		Head/Neck
☐ high blood pressure	☐ hepatitis		☐ history of headaches
☐ low blood pressure	☐ skin conditions		☐ history of migraines
☐ chronic congestive heart failure	□ TV		☐ vision problems
□ heart attacks	□ HIV		☐ vision loss
□ phlebitis/varicose veins	☐ herpes		☐ ear problems
□ stroke/CVA			☐ hearing loss
□ peacemaker or similar device	Other conditions		<u>Women</u>
☐ heart disease	☐ loss of sensa	ation,where?	☐ pregnant, due:
s there a family history of	☐ diabetes,onset		gynaecological conditions,what
Any of the above?□Yes □ No □	allergies/hypersensitivity to What		Overall, how is your general health?
<u>Respiratory</u>	Type of reaction:		
☐ chronic cough	□ epilepsy		
□ shortness of breath	☐ cancer, where?		Primary Care Physician:
□ asthma	☐ skin conditions, What?		Address:
□ emphysema	☐ arthritis		
Is there a family history of any	is there a family history of		
of the above \square yes \square no	arthritis ? \square yes \square no		
Current Medications:	_	•	any other medical conditions? (e.g digestive
Condition it treats:	- -	□ yes □ no	
Are you currently receiving treatmen	Where?		any internal nine wires artificial joints or
Are you currently receiving treatment from Antoher health care professional ? ☐ yes ☐ no		Do you have any internal pins, wires, artificial joints or	
		special equipment ? 🗆 yes 🗆 no What ?	
Surgery – date		Wilcie:	
Nature:		What is the	reason you are seeking massage therapy?
		What is the reason you are seeking massage therapy? Please include the location of any tissue or joint	
		Discomfort.	
Injury- date		Disconnort	
			-