Health History Form

The information requested below will assists us in treating you safely. Please feel free to ask any questions about the information being requested. Please note that all information provided below will be kept confidentially unless allowed of required by law. Your written permission will be required to release any information.

Name: ___________________________________ Date: ____________________

Street Address:____

Occupation: __________________________ Date of Birth:_________________

Contact Information:

Cell telephone: ___________________ Work telephone: _____________________

Email: ______________________________ May we contact you: Yes ☐ No ☐

Please indicate conditions you are experiencing or have experienced:

Cardiovascular Infections

☐high blood pressure
☐ hepitis
☐low blood pressure
☐ skin conditions
☐chronic congestive heart failure
☐ TB
☐heart attack
☐ HIV
☐ Herpes
☐stroke/CVA Other Conditions
☐pacemaker or similar device
☐Loss of sensation
☐heart disease
☐ Diabetes, onset:

Respiratory

☐chronic cough
☐shortness of breath
☐bronchitis
☐asthma
☐emphysema

Is there a family history of any of the above? Yes ☐ No ☐

Women

☐Pregnancy, Due: ________________
☐Gynecological conditions
☐Epilepsy
☐Cancer
☐ Skin conditions:
☐Arthritis

Head/Neck

☐ History of headaches
☐ History of migraines
☐ Vision problems/loss
☐ Hearing loss

Overall how is your general health? ___________________________________

Primary care physician: ____

Address:____

Chiropractor: ____

Address: ____

Current Medications: ____

Condition it treats: ____

Do you have any other medical conditions?
(e.g. digestive, haemophiilia, osteoporosis, mental illness) ☐Yes ☐No

Do you have any internal pins, wires, artificial joints or special equipment?
☐ Yes ☐No

Surgeries: ____ Date:_________________
Nature:____
Injuries: ____ Date: ________________
Nature: ____

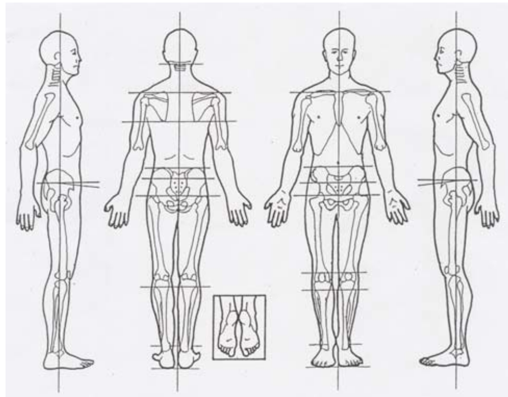
What is the reason you are seeking massage therapy?

____

____

Are you currently receiving treatment from another healthcare professional?
☐ Yes; who? ___________________________ ☐ No

Please indicate on the diagram areas that you would like to be treated.



Have you received massage therapy before? ☐ Yes ☐ No

Did you experience any negative reactions? ☐ Yes ☐ No

<u>Policy Notification</u>

We appreciate that you've chosen our clinic for your massage therapy needs. To provide the best treatment possible to our clients we have implemented the following policies.

BODY MECHANICS
MASSAGE THERAPY

Cancellation Policy

We respectfully ask that you provide us with a 24 hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24 hour notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and also means our other clients miss the chance to receive services they need. For this reason, you will be charged 50% of the service fee for the first missed session and 100% of the service fee for each session after that.

We understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis.

Late Arrival Policy

We request that you arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

By signing below you agree to abide by these policies.

Client Signature Date

____ _________________________