



Massage & Bodywork Health History Form

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Daytime Contact # _____ Evening Contact # _____

Would you like to receive notification of future promotions & specials? **Yes** **No** Email _____

Occupation _____ Significant Other _____

Birthday _____ Anniversary Date _____

Incase of Emergency, Please notify... Name _____ Telephone # _____

How did you hear of Warm Touch Body Spa?

Referral _____ (Did you know you get \$10 spa dollars as a THANK YOU for each referral)

Yellow Pages YOU Magazine Sign on Window Gift Certificate/Card

Advertisement _____ Website _____ Other _____

What would you like to achieve from your treatment today? Relaxation Bodywork/Muscle Work Combination

Have you ever had professional massage before? Yes No How long ago? _____ How often? _____

Are you currently under chiropractic/holistic treatment? Yes No How long ago? _____ How often? _____

Please check body parts that you give us permission to massage for today's session as well as future sessions...

Scalp Back Abdomen Butt/Hip Region Legs Arms

Face Neck Chest/Pectoral Muscles (Not Breast Tissue) Feet Hands

Areas of concern currently or in the past...

Musculo-Skeletal System

Osteoporosis _____

Broken/Fractured Bones _____

Arthritis _____

Sprains/Strains _____

Back Pain _____

Head Injuries _____

Spasms/Cramps _____

TMJ Disorder _____

Other _____

Circulatory/Respiratory System

Heart Condition _____

Varicose Veins _____

High/Low Blood Pressure _____

Blood Clots _____

Breathing Difficulty _____

Asthma _____

Sinus Problems _____

Other _____

Skin

Allergies _____

Psoriasis _____

Rashes _____

Warts _____

Fungus _____

Other _____

Digestive System

Abdominal Pain _____

Nausea _____

Bloating _____

Irritable Bowel Syndrome _____

Other _____

Women Only-Reproductive System

Are you pregnant? _____

What Trimester? _____ Due Date? _____

PMS _____

Other _____

Health History Form Continued... →

Nervous System

- Headaches _____
- Numbness/Tingling _____
- Fatigue _____
- Sleeping Disorders _____
- Depression _____
- Other _____

Miscellaneous

- Teeth Clenching _____
- Fibromyalgia _____
- Diabetes _____
- Cancer/Tumors _____
- Other _____

Any other health concerns in the past year that the therapist should be aware of (ex: medications, treatments, surgeries, accidents, etc)?

I understand that massage therapy provided by Warm Touch Body Spa is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. The general benefits of massage, possible massage contraindications and the treatment procedure has been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not a part of massage therapy. I further understand that any sexual innuendo, propositioning or touch will result in immediate termination of the session. I will still be responsible for the full payment of the session scheduled.

I have informed my massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

Client Signature

Date

****Consent to Treatment of Minor:** By my signature below I hereby authorize massage/bodywork techniques to be administered to my child or dependant, as is deemed necessary.

Parent or Guardian Signature

Date