



**WHOLE BODY HEALTH  
CENTER**

**CONFIDENTIAL HEALTH HISTORY**

Date\_\_\_\_\_

Name\_\_\_\_\_

Date of Birth\_\_\_\_\_

Address\_\_\_\_\_

Home Phone\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Work Phone\_\_\_\_\_

Email Address\_\_\_\_\_

Occupation\_\_\_\_\_

(On-line specials, events, quarterly newsletter only)

How did you find us? Referred by (we would like to thank them)\_\_\_\_\_

Internet\_\_\_ Sign\_\_\_ Dex Directory\_\_\_ SuperPages\_\_\_ Yellow Book\_\_\_ Other\_\_\_\_\_

Describe any recent illness, injury, accident or surgery\_\_\_\_\_

Are you on any pain medication today? OTC\_\_\_\_\_ Prescription\_\_\_\_\_

Any chronic health issues/conditions? \_\_\_\_\_

Emergency contact if needed \_\_\_\_\_ Phone\_\_\_\_\_

(optional)

**24 Hour Notice Cancellation Policy**

When you reserve an appointment time, it is our responsibility to provide you with excellent massage/bodywork in a professional and timely manner. As a service based business, our therapists are paid per session. It is our policy to request payment for forgotten or willfully missed appointments that are not cancelled with 24-hours notice.

**Thank you for your respect of our policy.**

**Treatment Consent**

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my sessions, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that therapists are not qualified to diagnose, prescribe, or treat any physical or mental illness. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that any illicit or sexually suggestive remarks made by me will result in immediate termination of the session, and I will be responsible for payment of the scheduled appointment.

Client Signature\_\_\_\_\_

(Parent or Guardian if Minor)

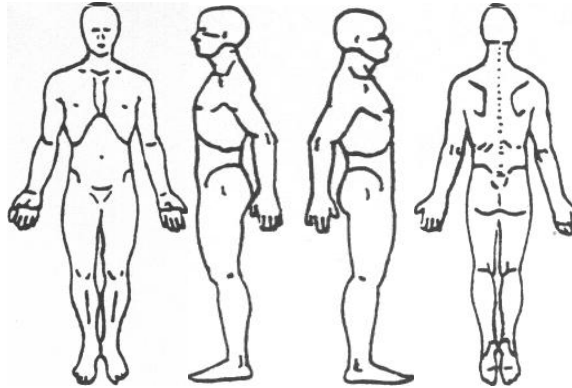
Have you had massage/bodywork before? \_\_\_\_\_ Any concerns? \_\_\_\_\_

What are your massage or bodywork goals? \_\_\_\_\_

Any areas you would like the therapist to avoid? \_\_\_\_\_

What type of sports/exercise do you do? \_\_\_\_\_

Circle the areas that are painful or need attention



**CIRCLE THOSE THAT APPLY**

- Allergies
- Anemia
- Anxiety
- Arthritis/Gout
- Asthma
- Bruise easily
- Cancer
- Carpal Tunnel
- Chronic fatigue
- Cold hands/feet
- Constipation
- Depression
- Diabetes
- Dizziness/equilibrium problems
- Edema
- Epilepsy
- Fibromyalgia
- Ganglion Cyst
- Grind/clench teeth
- Headaches/migraines
- Heart trouble

- Hemophilia
- High blood pressure
- HIV/AIDS
- Liver trouble/Hepatitis
- Loss of balance
- Loss of grip strength
- Loss of memory
- Low back pain
- Low blood pressure
- Lung/breathing difficulties
- Lupus
- Multiple Sclerosis
- Muscle spasms
- Numbness/tingling
- Osteoporosis
- Parkinson's
- Painful joints
- Panic attacks
- Plantar fasciitis
- Plantar warts
- Raynaud's syndrome

- Ringing in ears
- Sciatica
- Significant surgeries
- Sinus trouble
- Skin conditions
- Sleeping problems
- Swollen joints
- Thoracic Outlet Syndrome
- Thrombosis/Phlebitis
- Thyroid trouble
- TMJ
- Ulcers
- Varicose veins
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Women Only:**  
Menstrual cramps  
PMS/depression  
Pregnant: How many months?

***Thanks for answering so that we can better serve you!***