REGENT MASSAGE

HEALTH HISTORY FORM

An accurate health history is important to ensure that it is safe for you to receive a massage treatment. All information gathered for this treatment is confidential except as required or allowed by law. Written authorization will be required for release of any information**.**
This form must be updated annually.

First Name: _____ **Last Name:** _____
(this is how your name will appear on your receipt)

Address: _____ **Tel. Home:** _____
City: _____ **Province:** _____ **Tel. Bus:** _____
Postal Code: _____ **Date of Birth:** DD / MM / YY **Tel. Cell:**_____
Gender: M / F **Occupation:** _____ **Email:** _____

Primary Health Care Physician: _____ ❑ **Health Practitioner's Referral:** _____
Address of Health Practitioner: _____
Address: _____ **Tel No:** _____ ❑ **Others Referral:** _____

Emergency Contact Person: _____ **Emergency Contact Person Tel:**_____
1st Massage Therapy Treatment: Yes/No General Health Status:_____**How did you first hear about Regent Massage?**
Primary Complaint: _____

Health History: Please indicate ☑ conditions you are experiencing, present or past.

Soft Tissue/Joints
(Specify its nature: Pain, Stiffness, Numbness, Twitching, etc)

	Present	Past
❑ neck	_____	_____
❑ shoulder	_____	_____
❑ upper back	_____	_____
❑ mid back	_____	_____
❑ low back	_____	_____
❑ arms	_____	_____
❑ chest	_____	_____
❑ legs	_____	_____
❑ knees	_____	_____
❑ hips	_____	_____
❑ other	_____	_____

History Headaches

- ❑ tension
- ❑ migraines
- ❑ tooth/jaw/ear pain
- ❑ head trauma/date: _____
- ❑ history of headaches/type: _____
- ❑ other: _____

ACCIDENT/INJURY

❑ Car Accident ❑ Work Related ❑ Other
Date: _____
Symptoms: _____
_____
_____
_____
Physical Limitations: _____
_____
_____
_____

Respiratory

- ❑ chronic cough
- ❑ shortness of breath
- ❑ bronchitis
- ❑ asthma
- ❑ emphysema
- ❑ pneumonia
- ❑ sinus problems
- ❑ family history of any of above

Cardiovascular

- ❑ high blood pressure
- ❑ low blood pressure
- ❑ heart attack (date:_____)
- ❑ phlebitis / DVT
- ❑ stroke / CVA (date:_____)
- ❑ pulmonary emboli
- ❑ pacemaker
- ❑ heart disease
- ❑ angina
- ❑ chronic congestive heart failure
- ❑ family history of any of above

Infectious Disease

- ❑ hepatitis
- ❑ infections skin conditions
- ❑ tuberculosis
- ❑ HIV
- ❑ other: _____

Gastroinstestinal

- ❑ irritable bowel syndrome
- ❑ colitis
- ❑ gastroenteritis
- ❑ crohn's disease
- ❑ constipation

Skin

- ❑ skin condition
  specify _____
- ❑ bruise easily
- ❑ herpes
- ❑ varicose veins
- ❑ athletes foot
- ❑ loss of sensation

Other Conditions

- ❑ neurological conditions _____
- ❑ epilepsy
- ❑ diabetes/onset: _____
- ❑ allergies: _____
  (❑ anaphylaxis; ❑ skin irritations)
- ❑ family history of allergies
- ❑ family history of hypersensitivities
- ❑ cancer _____
- ❑ arthritis _____
  type OA/RA/other: _____
  where _____
- ❑ family history of arthritis
- ❑ vision loss
- ❑ hearing loss
- ❑ insomnia
- ❑ haemophilia
- ❑ kidney/bladder problems
  (❑ dialysis)
- ❑ overactive bladder
- ❑ osteopenia
- ❑ osteoporosis
- ❑ positional vertigo
- ❑ mental illness: _____
- ❑ other: _____

Please continue on the next page…

REGENT MASSAGE

Women

- ❑ pregnant / due date: ___/___/___
- ❑ gynecological conditions: _____
- ❑ breast pain
  - cysts
  - breast lift (date): ___/___/___
  - breast augmentation (date): ___/___/___
  - breast reduction (date): ___/___/___

Surgery

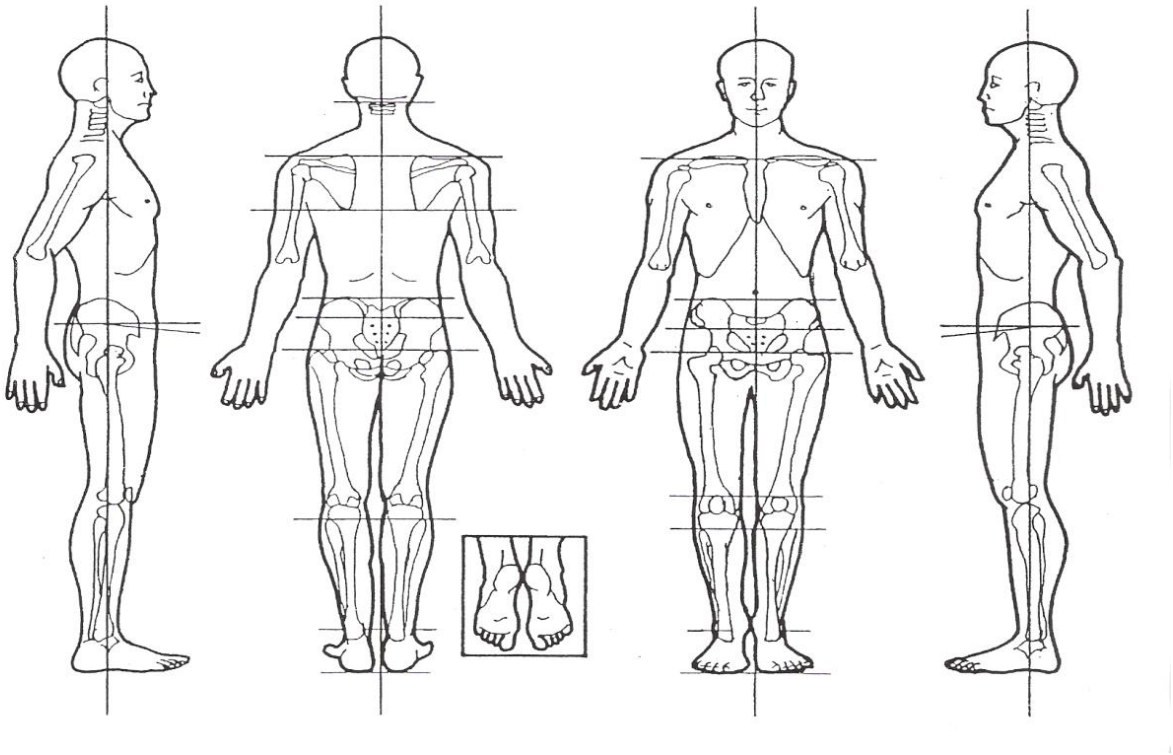
type _____
date: ___/___/___
current symptoms _____
_____
_____
_____
_____
_____

Current Medications and Conditions

_____
_____
_____
_____
_____

❑ **Present involvement in other Health Care: Yes/No**
If Yes Specify: _____
❑ **Pins / Wires/ Prosthetics:** _____
❑ **Medical Alert Bracelet** (specify condition / allergy)
_____
_____

Please indicate the location of any tissue or joint discomfort



Signature: _____ **Date:** _____

UPDATED

Date: _____

Date: _____

Date: _____

Date: _____

Exercise

- ❑ none
- ❑ moderate
- ❑ daily
- ❑ heavy

Work activity

- ❑ sitting
- ❑ standing
- ❑ light labor
- ❑ heavy labor

Habits

- ❑ smoking
- ❑ coffee
- ❑ caffeine drinks
- ❑ high stress level