|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | Phone: |  | |
| Address: |  | | | | |
| City: |  | State: |  | Post Code: |  |
| Email: |  | D.O.B: |  | Occupation: |  |
| Recreational Activities: | |  | | Level: |  |
| Emergency Contact: |  | | Phone: |  | |
| Relationship: |  | | | | |

Primary Reason For Visit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Major Complaint: |  | | Date of onset: |  | |
| Have you had a massage before? | | Yes: |  | No: |  |
| Difficulty lying on side? | | Yes: |  | No: |  |
| Difficulty lying on back? | | Yes: |  | No: |  |
| Current Medications: | |  | | | |
| Recent Surgeries: | |  | | | |

Related Conditions

Place an x in the box next to the conditions that apply to you

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Headaches |  | Cancer |  | Numbness/Tingling |  | Kidney Problems |
|  | Weakness |  | Nausea |  | Arthritis |  | Stroke |
|  | Diabetes |  | Depression |  | Bowel Problems |  | Bladder Problems |
|  | Chest Pain |  | Dizziness |  | Breathing Problems |  | Abdominal Pain |
| Other medical Conditions: | | |  | | | | |

Massage may elicit benefits for certain conditions, which may include relief of muscular tension, reduction in the symptoms of stress-related conditions and provision of general health and wellbeing. I also understand that massage therapy may produce side-effects such as muscle soreness, mild bruising, increased awareness of areas of pain and lightheadedness amongst other possible temporary outcomes. I am aware that the therapist does not diagnose illnesses, prescribe medications nor physically manipulate the spine or its immediate articulations.

|  |  |  |  |
| --- | --- | --- | --- |
| I understand and agree with the above statement: |  | Date: |  |