**Medical History**

1. Are you currently under medical supervision?  
   Yes: No:  
   If yes, please explain
2. Do you see a chiropractor?  
   Yes: No:  
   If yes, how often
3. Are you currently taking any medication?  
   Yes: No:  
   If yes, please list:
4. Please check any condition listed below that applies to you:  
   Contagious skin condition  
   Open sores or wounds  
   Easy bruising  
   Recent accident or injury  
   Recent fracture  
   Recent surgery  
   Artificial joint  
   Sprains/strains  
   Current fever  
   Swollen glands  
   Allergies/sensitivity  
   Heart Condition  
   High or low blood pressure  
   Circulatory disorder  
   Varicose veins  
   Atherosclerosis  
   Phlebitis  
   Deep vein thrombosis/blood clots  
   Joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis  
   Osteoporosis  
   Epilepsy  
   Headaches/migraines  
   Cancer  
   Diabetes  
   Decreased sensation  
   Back/neck problems  
   Fibromyalgia  
   TMJ  
   Carpal tunnel syndrome  
   Tennis elbow  
   Pregnancy  
   \_\_\_\_\_\_\_\_\_\_\_\_If pregnant, how many months?  
     
   Please explain any condition you have marked above:
5. Is there anything about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

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Draping will be used during the session - only the area being worked on will be uncovered.  
Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session.  
Informed written consent must be provided by a parent or legal guardian for any client under the age of 17.  
  
I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience nay pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted during to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any change sin my medical profile, and understand that there shall be no liability on the therapist's part should I fail to do so.  
  
I understand and agree with the above.  
Your initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_