

NWHSU – School of Massage Therapy – New Client Health History Intake

Please take a moment to answer the following questions. The information you provide will be used to customize your session to your needs, exclude any techniques that may be medically unsuitable for you, and may be used, while protecting your privacy, in the University's classes as a teaching tool.

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip Code _____ Phone (H) _____ Phone (W) _____

Occupation _____ Referred By _____

Emergency Contact _____ Phone _____

Physician _____ Chiropractor _____

Sports/Physical Activities _____

Current Medications/OTC/Supplements _____

Please answer the following to the best of your knowledge:

1. Have you had a professional massage before? Yes No
2. Do you have allergic reactions to oils, lotions, or other substances put on your skin, or to any nuts? Yes No
3. Is there a particular area of your body in which you are experiencing tension, stiffness, or other discomfort? Yes No
If yes, please describe _____
4. Do you have any particular goals for this massage session? _____
5. If you are currently under medical supervision, please explain _____
6. Please list any accidents or operations _____
7. Please check any condition/symptom listed below that applies to you?

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Fibromyalgia or CFS | <input type="checkbox"/> Pregnancy – If so, how far along _____ |
| <input type="checkbox"/> Atherosclerosis | <input type="checkbox"/> Fractures | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Athlete's Foot/Fungal Infection | <input type="checkbox"/> Headaches | <input type="checkbox"/> Rash/Eczema |
| <input type="checkbox"/> Artificial Joint | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Recent Accident or Injury |
| <input type="checkbox"/> Cancer/Tumors | <input type="checkbox"/> High or Low Blood Pressure | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Circulatory Disorder | <input type="checkbox"/> HIV or AIDS | <input type="checkbox"/> Rheumatoid Arthritis/Osteoarthritis |
| <input type="checkbox"/> Cold Sore/Herpes | <input type="checkbox"/> Joint Disorder | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Decreased Sensation | <input type="checkbox"/> Lice or Scabies | <input type="checkbox"/> Spinal Problems |
| <input type="checkbox"/> Diabetes, Type I or Type II | <input type="checkbox"/> Lung or Breathing Problems | <input type="checkbox"/> Stroke or Blood Clots |
| <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Open Sores or Wounds | <input type="checkbox"/> Swollen Glands |
| <input type="checkbox"/> Easy Bruising | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Varicose Veins |

- Contact Lenses Dentures Hearing Aid Difficulty Lying on Your Back, Front, Side

8. Anything else about your health history your massage therapist should know before planning your massage session?

I _____, understand the massage therapy given here is for general wellness purposes, including stress reduction, relief from muscular tension or spasm, the promotion of circulation, lymph activity, and flexibility. I understand a massage therapist will never touch genitals, breast tissue, or any other area I instruct them not to touch. I understand massage therapists do not diagnose illness, disease, or any other physical or mental disorder, do not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. I understand I should see a doctor or other appropriate health care provider for diagnosis and treatment of any suspected medical problems. I also understand that it is my responsibility to inform the massage therapist of any existing medical conditions I may have, and keep the massage therapist informed of any changes in my health and medications in the future.

Signature _____ Date _____