



MEDICAL HISTORY

Please circle appropriate answer and complete as needed.

ALLERGIES

- | | | |
|--|-----|----|
| 1. Do you have allergies, general or specific? | YES | NO |
| 2. Are there any scents you DO NOT want me to use today? | YES | NO |
| 3. Do you want to use only unscented products today? | YES | NO |

PRENATAL CARE

(IF NOT pregnant, please skip)

- | | | |
|---|-----|----|
| 4. Could you be pregnant today? | YES | NO |
| If yes, what is your (approximate) due date, if known? _____ | | |
| 5. If pregnant, is this your first pregnancy? | YES | NO |
| Any complications or concerns with pregnancy(s)? | YES | NO |
| 6. Do you have a Prenatal Release form signed by primary care provider on file? | YES | NO |

PHYSICAL INJURIES/MEDICATIONS

- | | | |
|--|-----|----|
| 7. Have you had surgery within the last 12 months? | YES | NO |
| If yes, were there complications? | YES | NO |
| 8. Are you under the care of a medical physician for injury? | YES | NO |
| 9. Are you taking medications on a daily basis that would interfere with your massage today? | YES | NO |
| If yes, please list medications _____ | | |
| 10. Are there any specific ailments, concerns, or injuries that need to be reviewed today? | YES | NO |
| If yes, please list _____ | | |

(Continue on back)



POLICIES

If for any reason you are unable to keep your scheduled appointment, a minimum 12-hour notice is required to reschedule your appointment, whenever possible. Cancelled appointments under 12 hours will be charged in full, for that session.

By signing below, you acknowledge the above information is true to the best of your knowledge, and policies held for massage therapy appointments. All medical information is held in confidence unless otherwise given permission to share with another medical provider, or practitioner.

If you have any questions, please don't hesitate to ask.

X _____
 Signature _____
 Print Name

_____/_____/_____
 Month/Day of Birthday
If under 18 years old, Parent Consent required

X _____
 Signature _____
 Print Name

_____@_____
 eMail

 Cell Phone (text reminders may be sent to this number)

 Today's Date