

 Practitioner/Clinic Name: _____

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Client Contact Information

Client Name: _____

Today's Date: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone: _____ Email: _____

Referred by: _____

Emergency contact: _____ Phone: _____

What types of massage/bodywork do you prefer? _____

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork?

How do you feel today? _____

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

List the medications you currently take:

Health History Have you had any injuries or surgeries in the past that may influence today's treatment?

Circle any of the following health conditions that you currently have (If you are unsure, please ask):

Cancer with nodes removed

Cancer with nodes radiated

Cancer with chemo and radiation

blood clots,

infections, congestive heart failure,

contagious diseases,

pitted edema