

Anita Clark, LMBT
SC License # 8493

HEALTH HISTORY FORM

Name _____ Date of initial visit _____

Address _____

Email _____

Phone _____ Permission to leave message: YES NO Date of Birth _____

Occupation _____ Sports/Physical activity _____

**The following information is strictly confidential and will be used to help plan safe and effective massage sessions.
Please answer the questions to the best of your knowledge.**

1. Have you had professional massage before? YES NO
2. Do you have any difficulty lying on your front, back or side? YES NO
If yes, please explain: _____
3. Do you have allergic reactions to oils lotions, ointments, liniments, or other substances put on your skin?
YES NO If yes please explain: _____
4. Do you wear contact lenses () dentures () a hearing aid ()?
5. Do you sit for long hours at a workstation, computer, or driving? YES NO
If yes please explain: _____
6. Do you perform repetitive movement in your work, sports, or hobby? YES NO
If yes, please explain: _____
7. Do you experience stress in your work, family or other aspect of your life? YES NO
If yes, how do you think it has affected your health?
Muscle tension () anxiety () insomnia () irritability () other () _____
8. Is there a particular area of the body where you are experiencing tension, stiffness, or other discomfort?
YES NO
If yes, please identify: _____
9. Do you have any particular goals in mind for this massage session? (relaxation, pain relief, stress relief, injury rehabilitation, maintenance, etc.) YES NO
If yes, please explain: _____

In order to plan a massage session that is safe and effective, we need some general information about your medical history.

10. Are you currently under medical supervision? YES NO
If yes, please explain: _____
11. Are you currently taking any medications? YES NO
If yes, please list _____
12. For women: Are you pregnant? YES NO If yes, how many months? _____

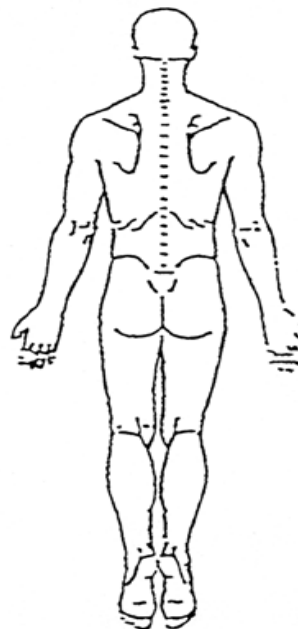
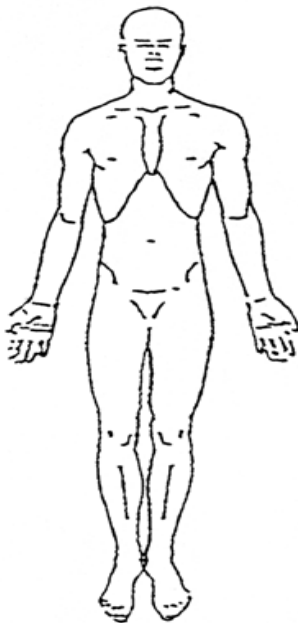
13. Please check any condition listed below that applies to you:

Contagious Skin Condition
Open sores or wounds
Recent accident or injury
Current fever
Swollen glands
Osteoporosis
Cancer
Artificial Joint
Arthritis

Allergies
Heart condition
High or low blood pressure
Circulatory disorder
Non-contagious skin condition
Epilepsy
Diabetes
Hypoglycemia
Bursitis

Varicose Veins
Atherosclerosis
Phlebitis
Joint disorder
Rheumatoid arthritis
Headaches
Decreased sensation
Inflammation
Asthma

14. Please indicate by drawing an X on the figures below any areas in which you are experiencing stiffness, soreness, pain, or limited range of motion.



15. Is there anything else 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? _____

Please read the following statement, sign and date to indicate that you have read the statement and understand.
It is my choice to receive massage therapy and I acknowledge that all therapy received by me is to be of a therapeutic nature for the relaxation and well-being of my body and mind. I agree to communicate with my therapist if I feel that my well-being is being compromised. I understand that these massage sessions are for general wellness purposes, given by the therapist, and that I should see a doctor or other appropriate health care provider for diagnosis and treatment of any suspected medical problem. Also, that it is my responsibility to keep my massage practitioner informed of any changes in my health, and any medications that I may begin to take in the future. I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner. Anita Clark is not responsible for the aggravation of conditions which are present but not disclosed to the practitioner at the time of the massage which may be affected by the massage.

Signature _____ Date _____