



Client History

Name _____ Date _____

Date of Birth _____ Occupation _____

Home Phone _____ Cell Phone _____

Email _____

Address _____

I was referred by _____

1. Is there any pain problem or injury that you currently have?

2. Have you had any significant medical conditions in the past?

3. Are you seeing any other health care practitioners?

4. Are you currently taking any medications? If so, please list.

5. Do you exercise or stretch: Regularly___ Occasionally___ Rarely___

What kind of exercise? _____

6. Where in your body do you carry stress and tension?

7. What things do you enjoy doing?



8. Have you had massage or bodywork before? Yes___ No___

If yes, what things did you find helpful?

9. Were there things that were not helpful, or things you did not like?

10. Is there any part of your body where you prefer not to receive work?

Yes___ No___ _____

11. Do you have particular practices or strategies that you use to cope with any symptoms you experience? If so, please note.

12. Do you have any particular ways of dealing with stress? Please note.

13. What things do you specifically want to address with massage?

Please check all that apply:

Stress Relief ___ Pain Relief ___ Muscle Tension ___ Headache ___

Improved Sleep ___ Reduced Depression ___ Rejuvenation ___

Other _____

14. Is there anything else you would like me to know before we begin?

As a licensed massage therapist I am not trained to diagnose conditions or treat them medically. It is the client's responsibility to seek medical care appropriately and to keep the therapist updated on your health.

Signature

Date