



Confidential Case History

Name _____ Home # _____ Work # _____

Address _____ Cell # _____

City _____ State _____ Zip _____ Email _____

Date of Birth _____ Age _____ Gender: M F

(Under 18 must have parental consent in writing or phone.)

How did you hear about Massage & Body? _____

Emergency Contact: _____ Relationship _____

Contact Phone #: _____

Symptoms: Check "C" for "Currently Have" or "P" for "Have Had in the Recent Past"

Allergies	C	P	High Blood Pressure	C	P	Diabetes	C	P
Cancer	C	P	Anemia	C	P	Cold Sores	C	P
Epilepsy	C	P	Tendonitis	C	P	Eczema	C	P
Gout	C	P	Jaw Disorder	C	P	Shin Splints	C	P
Heart Disease	C	P	Headaches	C	P	Fatigue	C	P
Neck Pain	C	P	Stroke	C	P	Numbness	C	P
Tennis Elbow	C	P	Low Back Pain	C	P	Shoulder Pain	C	P
Knee Pain	C	P	Multiple Sclerosis	C	P	Muscle Spasm	C	P
Varicose Veins	C	P	Fibrocystic Breast Disease	C	P	Arthritis	C	P
Hip or Leg Pains	C	P	Immune Disorders	C	P	Hepatitis	C	P
Cold/Flu	C	P	Sore Feet/Ankles	C	P	Carpal Tunnel	C	P
Dizziness	C	P	Indigestion	C	P	Other _____		

Are you under doctor's care? _____ For? _____

Present Symptom/Current Complaint _____

Are you currently taking any over the counter or prescription medication? Yes No

If yes, please list _____

What for? _____

Describe Briefly:

List any operations and date: _____

Broken Bones/How long ago? _____

Been in an accident? When? What kind? _____

Are you pregnant? _____ How many months? _____ Weeks? _____

Massage therapy is not intended to substitute for proper medical care, nor is it used for sexual purposes. I understand that massage is an adjunctive therapy that can be coordinated with any advice, treatment, or prescriptions recommended by my regular physician. All given information is true to the best of my knowledge. I release all representatives of Massage & Body from any unforeseen liability that may occur from receiving massage therapy. Our time together is precious and I agree to cancel 24 hours in advance unless there is an emergency. If I miss an appointment, I agree to pay 100% of the appointment fee.

Signature _____ Date _____