

Ann Arbor Massage and Bodywork Health History

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ (eve) _____ Carrier _____

Email _____ Occupation _____

D/O/B _____ Height _____ Weight _____ Male ___ Female ___

How did you hear about us? _____

Have you had a professional massage before? Yes ___ No ___ If yes, then when? _____

Are there any areas you prefer NOT to have worked on?(Face, Feet etc...) _____

What type of pressure do you prefer? Light _____ Moderate _____ Deep _____

Are there any factors in your life (physical, mental, emotional) the therapist should be aware of? _____

Do you understand that we only provide therapeutic, non-sexual massage? Yes or No

List any allergies including food _____

Accidents/Injuries including: Car, Sprain, Tendonitis etc... _____

Family History of Heart Disease and/or Diabetes Explain: _____

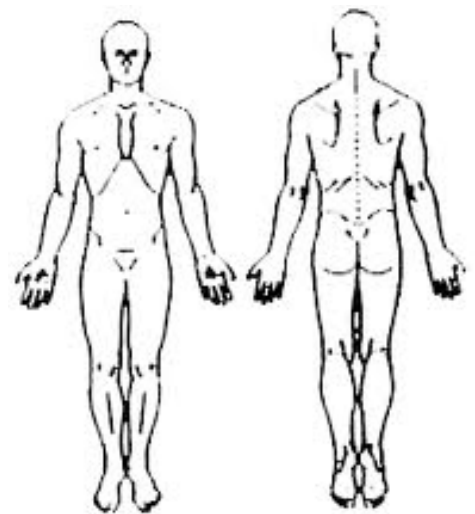
Are you presently being treated by a Physician or other Medical Professional Yes or No

If Yes List Name _____

Reason for Treatment _____

Please circle if you have had any of the following. Circle areas of pain or tension. Please provide dates.

Arthritis, Bursitis, Tendonitis _____
Broken bones, Sprains/Strains _____
Muscle/Joint Pain/Joint Injury _____
Varicose Veins, Blood Clots _____
Hernia _____
Surgery _____
High/Low Blood Pressure _____
Asthma/Sinus Problems _____
Allergies _____
Skin rashes/conditions _____
Cancer/Tumors _____
Diabetes _____



Ann Arbor Massage and Bodywork Health History

Fibromyalgia _____

Pregnancy (current or recent) _____

Lung Conditions _____

Spinal Cord Disorders _____

Heart Problems _____

Infectious Disease _____

What brings you in today? Explain what area(s) of your body is bothering you: _____

List your exercise, sports and/or hobby: _____

Our Therapeutic Agreement

I understand that massage therapy is strictly a professional therapy, and in general provides benefits of stress reduction: relief from muscular tension, spasm or pain, and it increases circulation.

I understand that massage therapists/bodyworker **do not** diagnose illness or disease, perform any spinal manipulations, nor do they prescribe any medical treatments.

I am aware that therapeutic massage and bodywork is not a substitute for medical examination or diagnosis, and it is recommended that I see a health care provider for those services.

I accept that massage promises no long-term cures, nor will it alleviate my health problems. I have stated all medical conditions that I am aware of, and will update the massage therapist of any changes in my health status.

Signature _____ Date _____