SHARI FISHEL, CERTIFIED MASSAGE THERAPIST
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HEALTH HISTORY

IN ORDER TO MAXIMIZE THE EFFECTIVENESS AND SAFETY OF YOUR MASSAGE THERAPY SESSION, PLEASE TAKE TIME TO CAREFULLY FILL OUT THIS HEALTH HISTORY FORM. THIS INFORMATION WILL BE TREATED CONFIDENTIALLY, AND WILL BE USED SOLELY TO ASSESS YOUR SPECIFIC THERAPY NEEDS. PLEASE CHECK THE FOLLOWING CONDITIONS THAT APPLY TO YOU, BOTH PAST AND PRESENT.

MUSCULO-SKELETAL
- ❒ HEADACHES
- ❒ JOINT STIFFNESS/SWELLING
- ❒ SPASMS/CRAMPS
- ❒ BROKEN/FRACTURED BONES
- ❒ STRAINS/SPRAINS
- ❒ BACK/HIP PAIN
- ❒ SHOULDER/NECK PAIN
- ❒ JAW PAIN/TMJ
- ❒ TENDONITIS
- ❒ BURSITIS
- ❒ ARTHRITIS
- ❒ OSTEOPOROSIS
- ❒ BONE OR JOINT DISEASE
- ❒ HERNIATED DISC
- ❒ OTHER: _____

CIRCULATORY AND RESPIRATORY
- ❒ DIZZINESS
- ❒ SHORTNESS OF BREATH
- ❒ FAINTING
- ❒ POOR CIRCULATION
- ❒ VARICOSE VEINS
- ❒ BLOOD CLOTS
- ❒ SINUS PROBLEMS
- ❒ ASTHMA
- ❒ HIGH BLOOD PRESSURE
- ❒ LOW BLOOD PRESSURE
- ❒ OTHER: _____

SKIN
- ❒ EASY BRUISING
- ❒ RASHES/SENSITIVITY
- ❒ OTHER: _____

NERVOUS SYSTEM
- ❒ NUMBNESS/TINGLING
- ❒ TWITCHING OF FACE
- ❒ FATIGUE
- ❒ CHRONIC PAIN
- ❒ SLEEP DISORDERS
- ❒ OTHER: _____

REPRODUCTIVE SYSTEM
- ❒ PMS/PAINFUL MENSTRUATION
- ❒ MENOPAUSE
- ❒ PREGNANT
  IF SO, # OF WEEKS _____
- ❒ OTHER _____

OTHER
- ❒ ALLERGIES (SKIN, FOOD, ETC.)

  _____
- ❒ LOSS OF APPETITE
- ❒ FORGETFULNESS / CONFUSION
- ❒ DEPRESSION
- ❒ DIABETES
- ❒ FIBROMYALGIA/FIBROSITIS
- ❒ CANCER/ MALIGNANCY/TUMOR
- ❒ HIV/AIDS
- ❒ OTHER INFECTIOUS DISEASE

  _____
- ❒ OTHER CONGENITAL OR ACQUIRED DISABILITIES _____

  _____
- ☐ SURGERIES _____

  _____
- ❒ PERSCRIPTION MEDS _____

  _____

  _____
- ❒ OTHER: _____

  _____

PLEASE LIST ANY ADDITIONAL COMMENTS REGARDING YOUR HEALTH AND WELL-BEING: _____

_____

_____

I _____AM RESPONSIBLE TO DISCLOSE ANY AND ALL HEALTH CONDITIONS TO THE TREATING THERAPIST BEFORE THE SESSION BEGINS. THE THERAPIST HAS THE RIGHT TO DECIDE TREATMENT. I HAVE STATED ALL CONDITIONS THAT I AM AWARE OF AND THIS INFORMATION IS TRUE AND ACCURATE. I WILL INFORM THE THERAPIST OF ANY CHANGES IN MY STATUS.

CLIENT SIGNATURE/GUARDIAN:

_____

DATE: _____