

◆ *Body & Sole* ◆
 Therapeutic Massage
Heal the body. Relax your soul.

Office Use Only:

- Software Entry
- Thank You Sent
- Form Scanned

Health History Information:

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

DOB _____ Email _____

Home Phone _____ Cell / Work _____

Preferred Appointment Reminder(s) Email Text* *Cell Phone Carrier _____

Occupation _____

Emergency Contact _____ Phone _____

Primary Care Provider _____ Chiropractor _____

Have you received massage therapy before No Yes* *How long ago & Frequency _____

Reason for today's massage treatment _____

Preferred Pressure Type Light Moderate Deep

How did you hear about Body & Sole Therapeutic Massage _____

Are you currently under medical care No Yes* *Please explain _____

Please list all current medication _____

Please list any major surgeries _____

Do you exercise No Yes* *Type of exercise & Frequency _____

Please circle any conditions / symptoms currently or recently experienced

- | | |
|-----------------------|------------------------|
| Acne | Joint Problems |
| AIDS (HIV) | Kidney Disease |
| Allergies | Lung Disease |
| Arthritis | Migraines / Headaches |
| Athlete's Foot | Multiple Sclerosis |
| Back Pain / Tension | Muscle Sprain / Strain |
| Cancer / Constipation | Parkinson's Disease |
| Depression / Anxiety | Pregnancy* |
| Diabetes | Psoriasis / Eczema |
| Fibromyalgia | Scoliosis |
| Heart Disease | Stroke |
| High Blood Pressure | Thyroid Disease |
| Hives / Shingles | Varicose Vein |
| Joint Dislocation | Other _____ |

Pregnancy

Term: 1 2 3

How Many Weeks? _____

Do you have any of the following:

- _____ Physicians Approval
- _____ Preeclampsia / Toxemia
- _____ Premature Labor Symptoms



Please continue on back

Please place an 'X' below on all areas of discomfort / tension.



Posterior View



Anterior View



Lateral View

Clients should understand that the purpose of massage is for relaxation and muscular pain / tension. Please notify the myself immediately if you should experience any pain or discomfort during treatment. Massage should NOT be construed as a substitute for medical exam, diagnosis, or treatment. You should continue to see a physician, chiropractor or other medical specialist for any medical or physical conditions / symptoms. It is your responsibility to keep me informed of any changes to your medical history or any new medication you are taking. I will not be held liable if you fail to do so.

Cancellation Policy

You may cancel your appointment without charge up to 24 hours in advance.

This is a courtesy to myself, as I have reserved your appointment time for you.

Same day cancellations will be charged at 50% scheduled price.

If you do not call at least 2 hours in advance or fail to show up for your scheduled appointment, you will be charged full scheduled price. Appointment reminders are available via text and/or email, but I will not be responsible for any technical difficulties.

Please make sure to write your appointment day and time down in a secure place.

Signature _____ Date _____