

Relaxing Escape Therapeutic Massage

@Spa of Healing Arts
Oakmark Office Centre
9203 Baileywick Road, Suite #103
Raleigh, NC 27615
(919) 673-2139

Health History Form (Page 1 of 2)

Name _____ **Date** _____

Address _____ **City/State** _____

Home Phone _____ **Zip** _____

Cell Phone _____ **Work Phone** _____

Date of Birth _____ **E-mail** _____

Occupation _____ **Gender: M F**

Emergency Contact Name/Phone _____

How did you come to know about us? _____

Have you had a massage before? _____

Reason(s) for therapeutic massage today? _____

Any specific areas you would like worked on? _____

Any major traumas, accidents, injuries, hospitalizations, and surgeries?

List when they occurred and treatment received:

Any chronic, ongoing pain?

Please describe and list any care or treatment you've received:

Are you currently being treated medically or taking prescribed drugs?

List any dietary supplements, vitamins, herbs you are taking:

Musculoskeletal

- Osteoporosis
- Arthritis
- Hypothyroidism
- Fibromyalgia
- Chronic Fatigue
- Gout in _____
- Bursitis
- Plantar Fasciitis
- Cysts/Lipomas
- TMJ
- Chronic Headaches
- Tendonitis
- Whiplash
- Strains/Sprains
- Chronic pain in:
 - Neck
 - Low-back
 - Mid-back
 - Upper-back
 - Hip
 - Arm

- Leg
- Shoulder
- Wrist/Hand

On computer more than 2 hrs/day? No. of hrs: _____

Respiratory

- Pneumonia
- Asthma
- Breathing Problems
- Sinuitis
- Other: _____

pins/plates

Digestive

- Ulcers
- Colitis
- IBS
- Crohn's disease
- Gluten Intolerance
- Constipation
- Diarrhea
- Gallstones
- Gas/Bloating
- Chronic Indigestion

Circulatory

- Heart problems: _____
- Stroke
- Palpatations
- Mitral valve prolapse
- Anemia
- Hemophilia
- Hypertension

- Low blood pressure
- Peripheral artery dis.
- Raynaud's Disease
- Varicose Veins
- Blood clots/Phlebitis

Skin

- Fungal infections
- Athlete's Foot
- Impetigo
- Eczema/Dermatitis
- Psoriasis
- Easily irritated skin
- Other _____

Nervous System

- Dizziness
- ALS
- Multiple Sclerosis
- Parkinson's disease
- Bell's Palsy
- Neuritis
- Spinal cord injury
- Trigeminal Neuralgia
- Seizures/Epilepsy

Other

- Diabetes
- Pregnancy
 - Cancer
 - Kidney disease
 - Hepatitis
- HIV/AIDS
- Lupus
- Postoperative

- Cystitis
- High Stress
- Grieving
- Anxiety/Panic Attacks
- Bipolar syndrome
- PMS/Menopause
- Poor sleep/insomnia
- Allergies affecting:
 - Facial skin
 - Body skin
 - Nose/Sinuses
 - Eyes

- Stomach/gut
- Orthopedic

The above information is accurate. I understand that Massage Therapists do not diagnose disease or prescribe drugs and that they are not a substitute for medical care. I agree to alert my practitioner of any physical/emotional changes as they occur.

Signature _____ Date _____