

Resort Therapy - Client Health History Intake

Please take a moment to answer the following questions. The information you provide will be used to customize your session to your needs, exclude any techniques that may be medically unsuitable for you.

Name _____ Date of Birth _____ Male ☐ Female ☐

Address _____ City/State/Zip _____

Phone _____ Email _____ Referred By: _____

Emergency Contact & Phone: _____

Current Medications/OTC/Supplements & WHY: _____

Please answer the following to the best of your knowledge.

1. Have you had a professional massage before? ☐ Yes ☐ No
2. Do you have allergic reactions to oils, lotions, or other substances put on your skin, or to any nuts? ☐ Yes ☐ No
3. Do you have any particular goals for this massage session? _____
4. If you are currently under medical supervision, please explain _____
5. Please check any condition/symptom listed below that applies to you:

Musculoskeletal System

- ☐ Artificial Joint
- ☐ Baker's Cyst
- ☐ Bursitis
- ☐ Fibromyalgia or CFS
- ☐ Muscular Dystrophy
- ☐ Osteoarthritis
- ☐ Osteoporosis
- ☐ Plantar Fascitis
- ☐ Rheumatoid Arthritis
- ☐ Tendonitis
- ☐ Whiplash
- ☐ Other _____

Nervous System

- ☐ Alzheimer's
- ☐ Herpes Zoster/Shingles
- ☐ Multiple Sclerosis
- ☐ Parkinson's Disease
- ☐ Peripheral Neuropathy
- ☐ Seizures
- ☐ Spinal Cord Injury
- ☐ Numbness
- ☐ Other _____

Circulatory System

- ☐ Atherosclerosis
- ☐ Deep Vein Thrombosis (DVT)
- ☐ Heart Attack
- ☐ High Blood Pressure
- ☐ Leukemia
- ☐ Low Blood Pressure
- ☐ Stroke
- ☐ Varicose Veins
- ☐ Other _____

Digestive System

- ☐ Crohns
- ☐ IBS
- ☐ Ulcers
- ☐ Ulcerative Colitis
- ☐ Other _____

Lymph/Immune System

- ☐ Allergic Reactions
- ☐ Chronic Fatigue
- ☐ HIV/AIDS
- ☐ Lupus
- ☐ Lymphoma
- ☐ Other _____

Respiratory System

- ☐ Asthma
- ☐ Chronic Bronchitis
- ☐ Sinusitis
- ☐ Other _____

Integumentary System (Skin)

- ☐ Athlete's Foot
- ☐ Boils
- ☐ Burns
- ☐ Cold Sore/Herpes
- ☐ Dermatitis
- ☐ Impetigo
- ☐ Open Sores/Wounds
- ☐ Psoriasis
- ☐ Rashes
- ☐ Warts
- ☐ Other _____

Miscellaneous Conditions

- ☐ Cancer
- ☐ Depression
- ☐ Diabetes
- ☐ Easy Bruising
- ☐ Headaches
- ☐ Migraines
- ☐ Numbness
- ☐ Pregnant
- ☐ Other _____

6. Please list any accidents or operations you have had and dates: _____

7. Please list any physical activities you do:

Cards
Gardening
Golf
Yoga

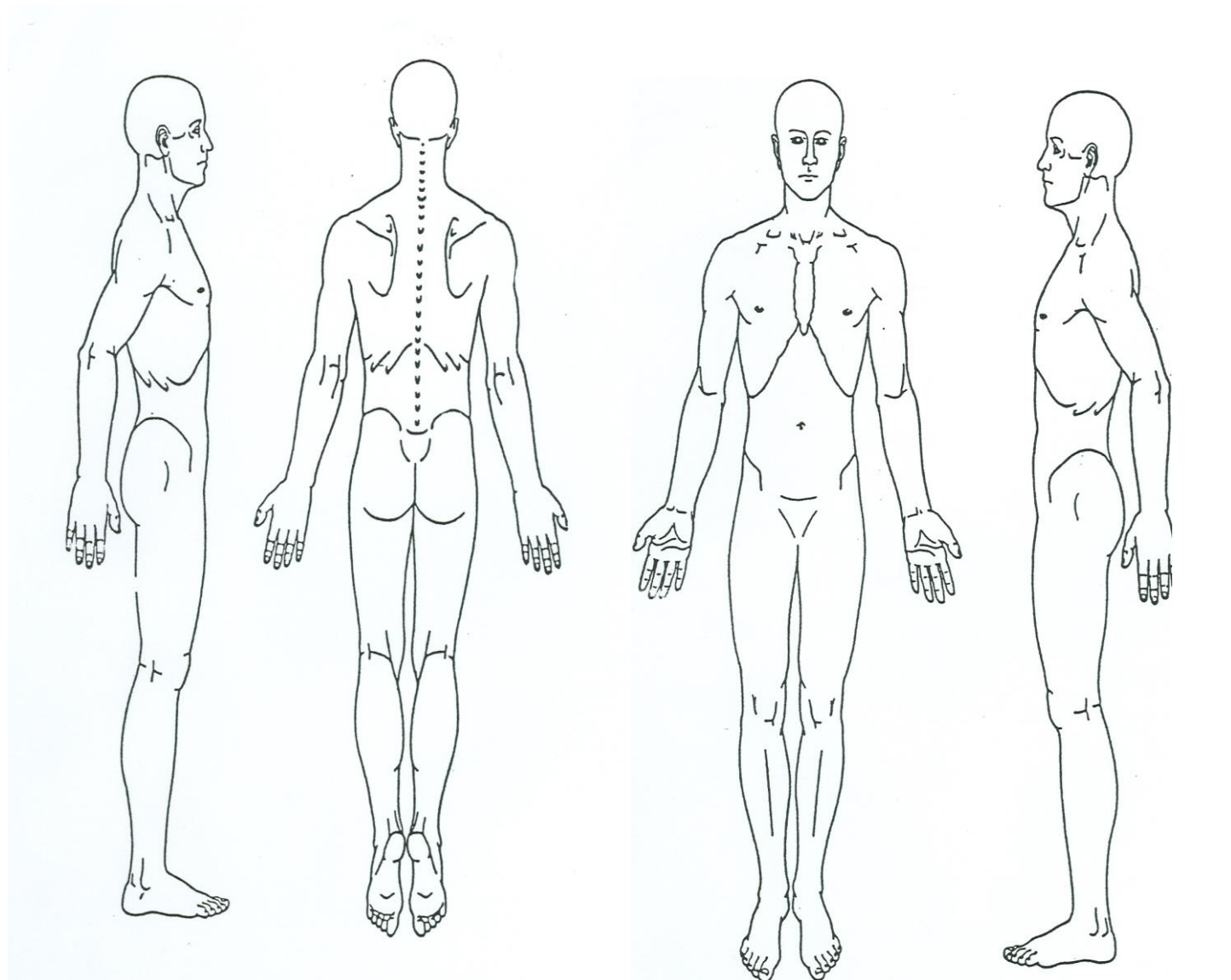
Running
Hiking
Biking
Water Aerobics

Tennis
Walking
Lift Weights
Softball

Quilting
Swimming
Other: _____

8. Please circle the level of physical activity you do: None Light Moderate Heavy

9. Please mark on the body forms with an "X" where you are experiencing any tension, stiffness or other discomfort. Please describe the sensation (burning, stinging, aching, pins-n-needles, etc.): _____



I understand that a 24 hour notice is required to cancel or reschedule an appointment and I may be charged a fee of \$25 if I cancel or reschedule an appointment within 24 hours or I do not show up for my scheduled appointment.

I understand the massage therapy given here is for general wellness purposes, including stress reduction, relief from muscular tension or spasm, promotion of circulation, lymph activity, and flexibility. I understand a massage therapist will never touch genitals, breast tissue, or any other areas. I understand massage therapists do not diagnose illness, disease, or any other physical or mental disorder, do not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. I understand I should see a doctor or other appropriate health care provider for diagnosis and treatment of any suspected medical problem. I also understand that it is my responsibility to inform the massage therapist of any existing medical conditions I may have, and keep the massage therapist informed of any changes in my health and medications in the future. I understand that potential risks of massage include: mild, short term muscle soreness due to movement of irritating metabolic wastes and mild surface level bruising. I understand I have the right to refuse massage therapy treatment at any time during the session. I understand that I may be refused treatment for any action considered inappropriate by the therapist. Consent for Treatment: I authorize the performance of massage therapy techniques and procedures and understand that I will receive them from a professional massage therapist licensed in Arizona.

Signature _____ Date _____