Massage by Melissa, LLC Health History Form

Client Contact Information (for services provided by Melissa Baker, LMT, WI#3695-146):

Date: ____________ Name: _______________________________ Date of Birth: ______________

Address: __________________________ City: ___________________ State: ______ Zip: ________

Occupation: _______________________________ Phone Number: _________________________

Email (for reminder and e-news - will not be sold or shared) _______________________________

How did you hear about Massage by Melissa?____

Have you received a professional massage before? If so, when? ____________________________

Goals of Your Session:

What are your goals for this session (e.g. headache relief, relaxation, lessen muscle spasms, etc.): ____

____

Health History:

List any current medications you're taking (including aspirin and supplements): ________________

____

____

Please check all that apply and give a brief explanation if applicable.

____high/low blood pressure
____TMJ issues
____heart attack/stroke
____heart disease or condition
____osteoporosis
____diabetes
____arthritis
____chill easily
____hot flashes
____swelling/edema
____blood clots
____muscle/joint pain
____pins/plates/screws
____hemophilia/clotting issues
____current cold/flu
____varicose veins
____headaches/migraines
____motor vehicle accident
____allergies
____fibromyalgia
____pregnant
____cancer
____bruise easily
____digestive issues
____hearing loss
____skin conditions
____warts
____impetigo
____athlete's foot
____decreased sensation
____numbness/tingling
____recent surgery
____recent injury
____open sores or wounds
____depression/anxiety/PTSD
____sensitivity to scents

Please explain any condition you have marked above/explain any condition not listed above: ____

____

Is there anything in particular that you've liked or disliked about previous massages: ____________

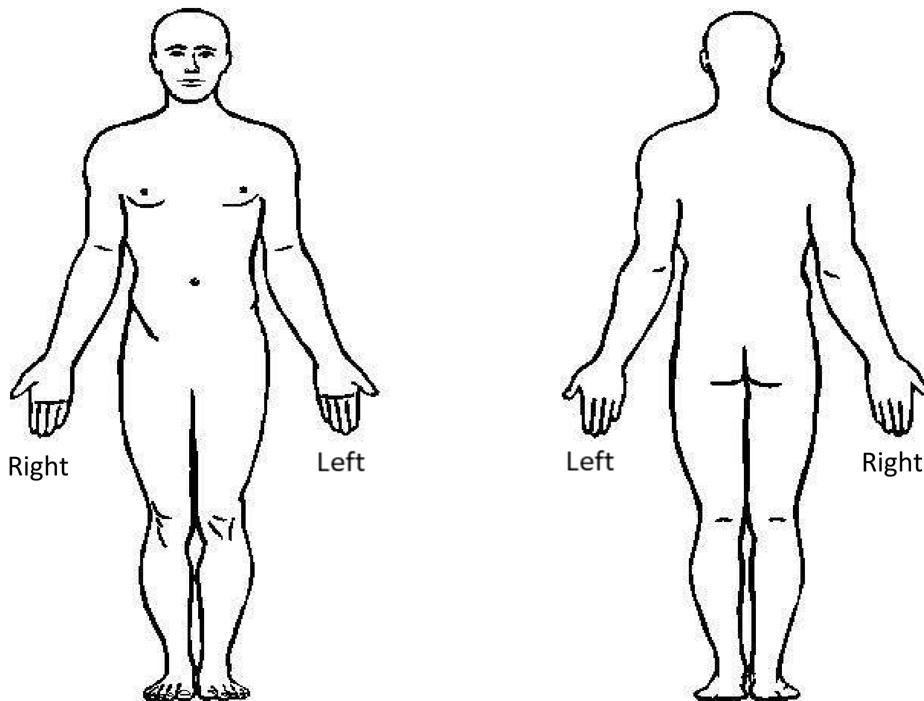
____

Do you have any difficulty lying on your front, back, or side? _________________________________

What type of pressure do you usually prefer? ____

Please see other side

Please circle any trouble areas on the figures below.



Draping will be used during the session - only the area being worked on will be uncovered.
Clients under the age of 16 must be accompanied by a parent or legal guardian during the entire session.
Informed written consent must be provided by a parent or legal guardian for any client under the age of 18.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted to my comfort level. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage practitioners are not qualified to perform spinal or skeletal adjustment, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated with any changes in my medical profile, I understand that there shall be no liability on the practitioner's part should I fail to do so.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment, and the police will be notified.

I have the right to consent to all or part of the session or to withdraw consent at any time. I have the right to know specifically what I am consenting to and may ask for detailed descriptions at any time during the session.

Signature: ____

Date: ____________________________