



How did you find out about our clinic? Please mark with an "X" (all that apply)

- Physician, WCB/Insurance, Lawyer, Prior Patient at clinic, Community Newsletter, Employer, Word of Mouth, Name: Magazine ad, Website, Other health care provider, Walk by/signage

Massage Therapy Patient Medical History:

Patient Name: Main Concern: Onset: Rate Symptoms (please choose one): Current Medications:

History (Include description and dates):

Surgeries: Accidents: Date of last Massage:

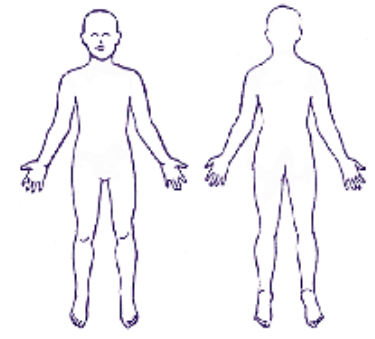
Please mark "C" if currently a problem, mark "P" if it was a past problem.

- MUSCULOSKELET, CIRCULATORY, SKIN, DIGESTIVE, GENITO-URINARY, NERVOUS SYSTEM, RESPIRATORY, OTHER: Bone or joint disease, Heart condition, Dryness, Constipation, Tendonitis/Bursitis, Varicose veins, Bruise easily, Diarrhea, Jaw pain/TMJ, Blood clots, Rashes, Gas/bloating, Broken/fractured bones, High/low blood pressure, Athletes foot, Irritable bowel syndrome, Arthritis, Lymph edema, Warts, Sprains/Strains, Pregnant, Numbness/tingling, Chest pain, Low back/hip/leg pain, PMS, Chronic cough, Chronic pain, Neck/shoulder/arm pain, Menopause, Herpes/shingles, Asthma/Allergies, Headaches/head injuries, Frequent urination, Sleep disorder, Difficulty breathing, Spasms, Kidney infection, Fatigue, Ear aches, Fibromyalgia, Painful urination, Sleep disorder, Multiple Sclerosis, Flat feet/high arches, Prostate trouble, Cancer/tumors, Diabetes

PAIN DIAGRAM: Use the symbols below to indicate the type and location of your sensations right now: KEY: XXX =ACHE /// =BURNING 000 =NUMBNESS +++ =PINS & NEEDLES SSS =STABBING =OTHER (Specify)

INFORMED CONSENT TO MASSAGE THERAPY AND CARE

I understand that massage is given here for the purpose of stress reduction, relief from muscular tension, spasm or pain, and improving blood circulation to the muscles. I understand that the Massage Therapist does not diagnose illnesses, disease, or any physical or mental disorder. As such, he/she does not prescribe medical treatment or pharmaceutical, nor does he/she perform spinal manipulations. It has been made clear to me that massage is not a substitute for medical examination or diagnoses and that it is recommended that I see a Physician for any ailment that I may have. I will state all my known medical conditions and take it upon myself to keep the Massage Therapist updated on my physical health. I hereby request and consent to the performance of massage therapy.



Patient Signature RMT Signature Date