

Massage Health History Flawless Beauty Day Spa

An accurate health history is important to ensure that it is safe for you to receive a massage treatment. If your health history status changes in the future, please let us know!

Name: _____ Date: _____
Address: _____ City: _____ Postal Code: _____
Phone# Home: _____ Business: _____ Cell: _____
Emergency Contact Name: _____ Phone#: _____
Date of Birth: _____ Gender: Male: _____ Female: _____
Occupation: _____ Primary Care Physician: _____
Physician's Phone#: _____

What is your primary complaint? _____

Do you have extended health care insurance? Yes No If yes, which insurance company?

Do you have any surgical pins, wires, etc. or artificial joints or limbs? Yes No If yes, please explain: _____

Do you take any medications on a regular basis? Yes No If so, please list medications: _____

Are you presently receiving other health care? Yes No If yes, please specify: _____

Is there anything I should know before massaging you?

Health History: Please indicate conditions you are experiencing, or have experienced.

Respiratory:

- chronic cough
- shortness of breath
- bronchitis
- asthma
- emphysema
- congestion
- smoking
- family history of above

Other Conditions:

- loss of sensation
- diabetes
- allergies or hypersensitivity reactions
- anaphylactic reactions
- sensitive skin
- epilepsy cancer
- arthritis rheumatoid
- family history of arthritis
- osteoarthritis
- osteoporosis

Women:

- pregnant/due date: _____
- gynecological conditioned: _____
- menstruation painful heavy scant
- PMS
- number of children
- menopause

Additional Health provider company and #: _____
Address: _____