

Health History Questionnaire – Massage Therapy

Name		Occupation	
Age		Gender	
Mailing address		Date of birth	
City/ Prov.		Postal code	
Email		Contact Phone	

	Yes	No	Comments
Heart condition	Y	N	
Allergies	Y	N	
High or Low blood pressure	Y	N	
Arthritis or other joint problems	Y	N	
Muscular ailments	Y	N	
Back problems	Y	N	
Pregnant or breast feeding?	Y	N	
Medications? (type and dose)	Y	N	
Please list all injuries or surgeries you have had (present and past) the date they occurred, and if you are aware of any current problems caused by the injury/surgery . If more room is needed, use the back of the sheet.			1. 2. 3.
Are you currently receiving chiropractic care or other medical treatment? Please list details.			
What is your primary reason for booking this massage? What would you like us to work on?			

Permission to Treat (Massage Therapy) & Information Agreement

I understand that massage is given for the purpose of stress reduction, relief from muscular tension, spasm, or for increasing circulation or energy flow. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatments or pharmaceuticals, nor do they perform spinal manipulations unless they have completed the training required to perform that skill. It has been made clear to me that massage is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.

I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health. The primary focus of the massage therapist is treatment of musculoskeletal conditions. Therefore it is acknowledged that I waive the massage therapist of all responsibility or liability, implied or direct, as it may relate to conditions that are not musculoskeletal in nature i.e. cancer, infections, and all organic based conditions.

By signing this document, I acknowledge that I have read and understood the above statements and agree to treatment based on this document. Therefore, I intend this consent to cover the entire course of treatment for my present condition/s and for any conditions for which I may seek treatment for in the future.

Signature: _____

Date: _____