

BETSY HEINTZ, H.H.P. Massage Therapy / Work Without Pain

www.betsymassage.com

Confidential Client Information Form

Name _____ Date _____
Email _____
Address _____ Phone _____
City/Zip _____
Preferred method of communication: Phone _____ Text _____ Email _____
Referred by : _____ Online _____ Yelp _____ Other? _____
Occupation _____ Birthdate _____
Emergency Contact _____ Phone _____ Relationship _____

Confidential Health History

Are you currently receiving any medical treatment or taking any medications? If so, what? _____

Physical Therapy? _____ Workman's Comp? _____

Have you had a professional massage before? _____

Do you have a preference for pressure? Light _____ Moderate _____ Deep _____

Health History:

<input type="checkbox"/> Accidents	<input type="checkbox"/> Cardio/Heart	<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Allergies	<input type="checkbox"/> Digestive Problems	<input type="checkbox"/> Injuries
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Lung/Respiratory	<input type="checkbox"/> Sciatic
<input type="checkbox"/> Back/Neck Injuries	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Surgery
<input type="checkbox"/> Back or neck surgery	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> TMJ problems

Any other medical conditions I need to be aware of? _____

Please provide additional information as necessary (approximate dates, frequency, etc.) to clarify the condition(s) from items checked above.

Please list physical activities that may be causing pain or tension in your muscles

What position do you sleep in? _____

What causes you stress? _____

Where do you have pain or tension? 1) _____ 2) _____ 3) _____

What are your goals for your treatment today? _____

Do Please feel free to speak up while you're here. I'm interested in any questions or preferences you may have. Thank you.

To the best of my knowledge I have accurately disclosed my present and past health conditions. This information will be kept in confidence and is vital to the appropriateness of the sessions designed by my massage therapist. I agree to inform my massage therapist if any concerns arise during the treatment. I understand that this massage and therapy is not intended as medical treatment or psychological treatment.

Signature: _____ -Date _____