

Massage Health History Form

Name _____ Date of Birth _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone Number (home) _____ (work) _____ (cell) _____
 Email _____ Occupation _____

Please check all of the following conditions that currently apply to you:

- Acute Infection
- Acute Injury
- Allergies
- Anxiety
- Arthritis
- Autoimmune Disorder
- Athlete's Foot
- Bruising/Bruise easily
- Cancer
- Cold/Flu
- Chronic Back Pain
- Depression
- Diabetes
 - insulin dependent?
- Digestive Concerns
- Dizziness
- Edema
- Epilepsy/Seizures/Convulsions
- Fatigue
- Fever
- Fibromyalgia
- Headaches
- Heart Condition
- Herniated Disc
- High Blood Pressure
- Infectious Condition
- Insomnia
- Loss of Range of Motion
- Muscle Spasms
- Muscle Tension
- Numbness or Tingling
 - location
- Osteoporosis
- Pain
- Phlebitis/Thrombosis
- Pregnancy
 - # weeks
- Skin Condition/Rash
- Stiff Neck/Shoulders
- TMJ Dysfunction
- Varicose Veins

How did you hear about us? _____

Have you experienced professional massage? _____

How frequently? _____ Preferred pressure? _____

Please describe your reason for this visit, including any current complaints and areas of tension or discomfort: _____

Are there any areas you would like me to avoid? _____

Please list all previous injuries/surgeries and their dates: _____

Please describe any regular physical activity you do and how frequently: _____

Please list any medications you currently take: _____

In case of emergency, contact:
 Name: _____ Phone Number: _____

Please take a moment to read the following and sign below:

I understand that the massage/bodywork I receive is provided for the purpose of relaxation and relief of muscular tension. If I experience pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical treatment. I understand that massage/bodywork practitioners are not qualified to diagnose, prescribe or treat physical or mental illness and that nothing said in the course of the session given should be construed as such.

Because massage/bodywork should not be performed under certain conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget 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 payment of the scheduled appointment.

I understand that if I cancel an appointment within 24 hours of the scheduled appointment time, I am responsible for payment of half of the session.

Client: _____ Dated: _____

Practitioner: _____ Dated: _____

**Massage Therapy
Natasha Uffner, LMT, CCT
10515 Bells Ferry Road, Suite 100
Canton, Georgia 30114
770-704-0114**

Cancellation Policy

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored:

Advance notice of at least 8 hours is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. When you book an appointment, you will receive an email from GenBook.com to confirm your appointment. Your email has a link to cancel or re-schedule your appointment 8 hours or more before you miss your appointment.

No-shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show". After your first "no-show" appointment, you will be charged a 50% deposit to hold all future appointments. If you do not give advance notice, you not get your deposit back.

Late arrivals

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist may determine if there is enough time remaining to even start the session. Regardless of the length of the treatment actually given, you will be responsible for paying for the original session. Out of respect and consideration to your therapist and other clients, please plan accordingly and be on time.

Client Signature

Date