

# Massage Therapy Case History

(Practitioner) Last Updated \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street, City and Postal Code \_\_\_\_\_

Phone home \_\_\_\_\_ Email or cell \_\_\_\_\_

Physician name & address \_\_\_\_\_

Auto or Work Claim?  Yes Claim # \_\_\_\_\_ Employee health benefits?  Yes

Occupation \_\_\_\_\_ Referred by \_\_\_\_\_

Reason for visit today? \_\_\_\_\_ Prior massage therapy?  Yes

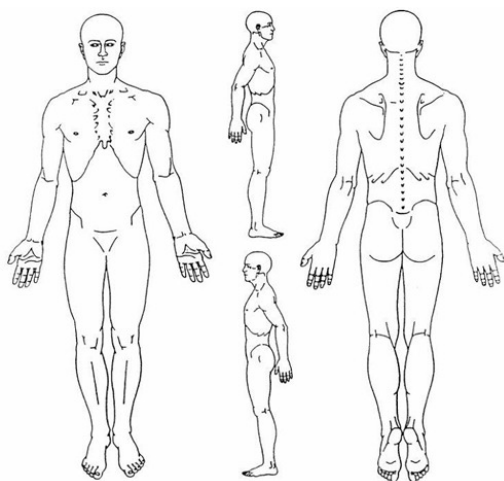
Are you in pain? Please indicate:

How would you describe your general health?

No Pain

- 0
- 1
- 2
- 3
- 4
- 5

Severe



Recent tests/screenings (eg: blood, x-ray, MRI)?  Yes

Medications and supplements? Please list:

Are you physically active?  Yes Sleep well?  Yes

♀ Women – pregnant?  Yes Trimester? 1 2 3

How do your symptoms affect your recreation, work duties and social interaction?

Please list nature and date of surgeries or severe trauma:

Other therapies/treatments currently receiving?

“I understand my information is held private and confidential and released only with my permission or as required by law.” If you agree, please sign & date:

## Symptoms/Conditions - Please indicate:

**C – Current P – Past F- Family history**

- \_\_\_ Signs of inflammation or infection
- \_\_\_ Tension headaches or migraines
- \_\_\_ “Pins & needles” or numbness
- \_\_\_ Strength or sensory loss of any kind
- \_\_\_ Hearing or vision loss, balance/coordination
- \_\_\_ Cardiovascular disease. Pacemaker?  Yes
- \_\_\_ High or low blood pressure
- \_\_\_ Diabetes, or other hormone disorders
- \_\_\_ Broken bones, artificial joints, pins or plates
- \_\_\_ Osteo- or rheumatoid arthritis, bone disease
- \_\_\_ Cuts, warts, open sores, skin irritation
- \_\_\_ Bronchitis, emphysema or asthma
- \_\_\_ Tuberculosis, hepatitis, herpes or HIV
- \_\_\_ Allergies, hyper-sensitivities, anaphylaxis
- \_\_\_ Cancer or auto-immune disorder
- \_\_\_ Multiple sclerosis, epilepsy, nerve disorder
- \_\_\_ Anxiety, panic attacks or mood disorder
- \_\_\_ other medical conditions not listed: