

**Confidential Health History**

**Healing Palms Massage and Spa**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_ Birthday \_\_\_\_\_

Family Doctor \_\_\_\_\_ Emergency Contact/ Phone# \_\_\_\_\_

How did you hear about us? (Circle one) radio shopper magazine friend (friend's name) \_\_\_\_\_

Have you ever had a massage before? Yes/no if yes, when was your last one? \_\_\_\_\_

Are you ticklish or sensitive to pressure? Yes/no Do you have pain or numbness? Yes/no

What Medications are you taking? \_\_\_\_\_

What are your expectations for your session? \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you had surgery in the last 3 years? If yes, please describe \_\_\_\_\_

Please check any below that applies to you.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Allergies     | <input type="checkbox"/> Cancer/Tumors      | <input type="checkbox"/> Epilepsy/seizure    | <input type="checkbox"/> Stroke              |
| <input type="checkbox"/> Anemia        | <input type="checkbox"/> Circulation        | <input type="checkbox"/> Migraines/headaches | <input type="checkbox"/> Ulcers              |
| <input type="checkbox"/> Arthritis     | <input type="checkbox"/> Contagious Disease | <input type="checkbox"/> Heart problems      | <input type="checkbox"/> Varicose veins      |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Depression         | <input type="checkbox"/> Joint Problems      | <input type="checkbox"/> Bruises/cuts/wounds |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Osteoporosis        | <input type="checkbox"/> Pregnant now? 1 2 3 |
| <input type="checkbox"/> Blood Clot    | <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Sprains/Fractures   | <input type="checkbox"/> Other (please list) |

Please read the following information, your signature indicates you have read, understand and agree to the terms below.

1. I understand the massage or body services I receive are for relaxation, stress reduction and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately notify my therapist so the massage may be adjusted to my comfort level.
2. I understand these therapies are not a substitute for medical examination, diagnosis, or treatment. I understand the therapist is not qualified to perform spinal or skeletal adjustments, diagnose an illness, prescribe medication, or treat any physical or mental illness.
3. Because massage should not be done under certain conditions, I confirm I have stated all my known medical conditions and shall hold Healing Palms Massage and Spa free from liability if I fail to document my conditions.
4. Payment in full will be rendered at the time of the service. .
5. I will notify Healing Palms Massage and Spa in advance if I need to reschedule my appointment. If I fail to do so, Healing Palms Massage and Spa will bill me for the session and I agree to pay them in full.
6. I clearly understand that no sexual remarks or advances will be tolerated, and the result of such behavior will result in immediate termination of my session and I will pay for this session in full.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapists Signature

\_\_\_\_\_  
Date