



# ESSENTIAL HIDEAWAY WELLNESS & MASSAGE

## Massage Therapy Health History Intake Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address:

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Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you had Massage Therapy in the Past? Y/N

Are you being treated by any other health practitioners? \_\_\_\_\_

Are you currently pregnant? Y/N

Please Indicate on the diagram, areas of concern:

Reason for today's visit:

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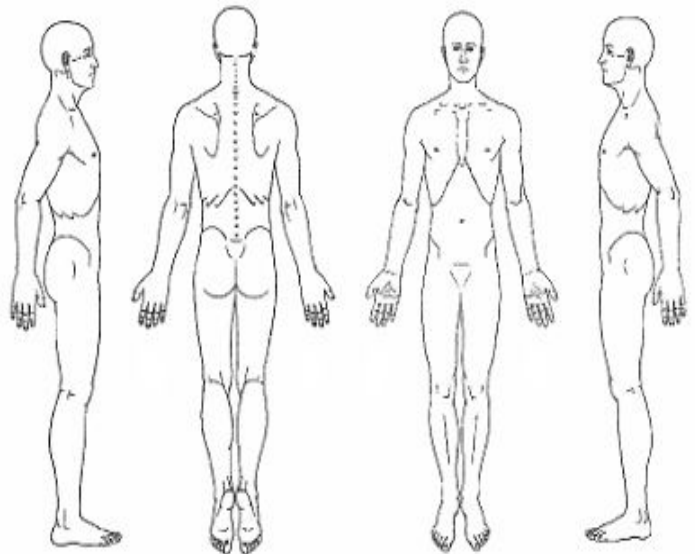
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# ESSENTIAL HIDEAWAY

## WELLNESS & MASSAGE

Please Indicate conditions you are experiencing or have experienced:

### Cardiovascular

- High Blood Pressure
- Low Blood Pressure
- Heart Disease
- Varicose Veins
- Bruise Easily
- Other \_\_\_\_\_

### Digestive/Urinary

- Crohns/Colitis
- Ulcers
- Liver
- Kidney
- Other \_\_\_\_\_

### Respiratory

- Chronic Cough
- Shortness of Breath
- Bronchitis
- Asthma
- Emphysema
- Other \_\_\_\_\_

### Muscle/Joint

- Muscle Strain
- Ligament Sprain
- Tendonitis
- Bursitis
- Arthritis
- Osteoporosis
- Herniated Disc
- Scoliosis
- Dislocation
- Fracture
- Other \_\_\_\_\_

### Head & Neck

- Headaches/Migraines
- Whiplash
- Jaw Pain
- Ear Pain/Hearing Loss
- Vision Loss
- Other \_\_\_\_\_

### Skin

- Eczema
- Psoriasis
- Other \_\_\_\_\_

### Women

- Endometriosis
- Menopausal Concerns
- Hysterectomy
- Other \_\_\_\_\_

### Other Conditions

- Diabetes
- Allergies
- Cancer
- Fibromyalgia
- Multiple Sclerosis
- Epilepsy
- MVA
- Date: \_\_\_\_\_

Please list any Surgeries you've had:

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Please list any medication you are currently taking:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*An accurate health history is important to ensure that it is safe to receive a massage therapy treatment. All information given before, during, and after treatments will be held in strict confidence. You will be asked to provide written authorization for release of any information. You will be required to update your health history on a yearly basis.*