

**Updated:** Date \_\_\_\_\_  
 Date \_\_\_\_\_

An accurate health history is important to ensure that it is safe for you to receive massage treatment. If your health status changes in the future, please let us know. All information gathered for this treatment is confidential except as required or allowed by law, or except to facilitate diagnosis (assessment) or treatment. You will be asked to provide written authorization for release of any information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Business #: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 What is your primary concern? \_\_\_\_\_  
 How did you hear about evergreen massage therapy: \_\_\_\_\_

**Health History:** Please indicate conditions you are experiencing, or have experienced.

**Respiratory**

- Chronic cough
- Shortness of Breath
- Bronchitis
- Asthma
- Emphysema

**Cardiovascular**

- High Blood Pressure
- Low Blood Pressure
- CCHF
- Heart Attack
- Phlebitis
- Stroke /CVA
- Pacemaker or similar device
- Heart Disease

**Other Conditions**

- Loss of Sensation
- Diabetes (onset: \_\_\_\_\_)
- Allergies (anaphylaxis or skin irritation)

**Epilepsy**

- Cancer
- Arthritis

**Head / Neck**

- Vision Problems
- Vision Loss
- Ear Problems
- Hearing Loss
- Headaches

**Infections**

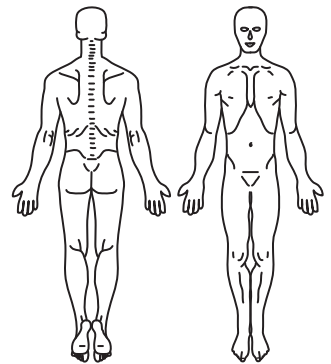
- Hepatitis
- Skin Conditions
- TB
- HIV

**Women**

- Pregnant (due: \_\_\_\_\_)

**Soft Tissue / Joint Discomfort**

- Neck
- Upper Back
- Mid Back
- Low Back
- Shoulders
- Arms
- Legs
- Knees
- Other



What is your general health status?

\_\_\_\_\_

Present Involvement in Other Health Care?  
 If yes, please specify:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Medications: \_\_\_\_\_

Condition it treats: \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Other Medical Conditions (i.e. digestive, gynecological, hemophilia, etc.): \_\_\_\_\_

Of Special Note (presence of internal pins, wires, article joints, etc.): \_\_\_\_\_

Signature

Date