

# First Visit History

Please fill out completely

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

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

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have any of the following today: \_\_\_\_\_

Cold or Flu                  Bruises                  Headache                  Recent Injury                  Open Cuts,  
Sores or Rash

Please circle any condition that you have had or currently have: \_\_\_\_\_

Diabetes	TMJ	Chronic Pain	Sprains / Strains	High / Low Blood Pressure
Arthritis	Allergies	Back Pain	Varicose Veins	Neuropathy / Numbness
Contacts	Epilepsy	Fibromyalgia	Sinus Condition	Blood Clot
Tendonitis	Surgeries	Pregnancy	Cortisone Injection	Cancer / Tumors Chemo

What is the major complaint or condition(s) you are seeking help for?

\_\_\_\_\_

What have you done to get relief? \_\_\_\_\_

Have you seen a physician for this? \_\_\_\_\_ Referred by: \_\_\_\_\_

What are your common areas of pain or tension? \_\_\_\_\_

Have you received professional massage before? \_\_\_\_\_

If yes, how often do you receive massage? \_\_\_\_\_

Do you have a style or pressure you prefer?

Light Pressure       Medium Pressure       Firm Pressure       Energy Work

What type of massage are you seeking today?     Relaxation                   Deep Tissue/Therapeutic

Do you frequently suffer from stress? \_\_\_\_\_ What do you do for relaxation? \_\_\_\_\_

Please list any recent surgeries: \_\_\_\_\_

Please list any medication or supplements you are taking: \_\_\_\_\_

Please list any additional comments regarding your health and wellbeing: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that the massage I will be receiving here is for the purpose of stress reduction, relief from muscular tension and spasm. I understand that the massage therapist does not diagnose illness, disease or any further physical or mental disorders. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. I understand that massage is not a substitute for medical treatment or diagnoses and that it is recommended that I see a physician for any physical ailments that I may have. I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

