CLIENT FILE

Business Logo

CLIENT HISTORY FORM

NAME: _____ OCCUPATION: _____ DOB: _____

ADDRESS: _____

PHONE: _____ (H) _____ (W) _____ (M)

Physical/Recreational Activities: _____
General state of health and well-being: _____
Are you currently seeing a doctor, naturopath or other health practitioner? YES/NO
If so, for what condition(s): _____
Are you on any medication(s)? YES/NO If so, what kind? _____
What is the main reason for your visit? e.g. relaxation, pain relief, stress: _____
Location of any current pain or problem: _____
Any allergies? YES/NO If so, what? _____
Have you had any massage therapy before? YES/NO Comment: _____

Whilst massage is generally very beneficial, it may sometimes not be appropriate, or it may need to be modified to best suit your needs and state of health. Please tick the relevant box if you currently have, or have previously had, any of the following. Please provide details.

Past	Present		
☐	☐	Inflammation	_____
☐	☐	Skin condition/Area of broken skin	_____
☐	☐	Whiplash	_____
☐	☐	Surgery	_____
☐	☐	Fever	_____
☐	☐	Sprain/bruises	_____
☐	☐	Infectious diseases	_____
☐	☐	Varicose Veins	_____
☐	☐	Abnormal swelling	_____
☐	☐	Heart condition/High blood pressure	_____
☐	☐	Arthritis	_____
☐	☐	Fracture	_____
☐	☐	Spinal problems	_____
☐	☐	Diabetes	_____
☐	☐	Any form of cancer	_____
☐	☐	Any undiagnosed or severe pain	_____

Are you pregnant? YES/NO Give details if required: _____

Please list any other past or present medical conditions, injuries, illnesses or problems.

_____
_____
_____

I (please print name) _____ declare that (excluding the pre-filled scenario details) all the answers and statements contained in this personal record, are true and complete. Because a Massage Therapist must be aware of all past and present physical conditions, I have stated all my known medical conditions and take it upon myself to keep the Massage Therapist updated on my physical health during any treatments.

Client Signature: _____ Date: _____

SAMPLE