Life Balance Health History Questionnaire

Please take the time to fill out this confidential form carefully. Its content will maximize the effectiveness and safety of our sessions together.

Name: _____ Phone #: _____

Address: _____

Date of Birth: _____

Occupation: _____

Reason for today's visit: _____

Daily activities/exercise: _____

How did you hear about us? _____

MEDICAL HISTORY: (check all that apply)

__ Arthritis/Bursitis
__ Cancer
__ Heart disease
__ Stroke
__ High blood pressure
__ Circulatory Problems
__ Headaches/Migraines
__ Diabetes
__ Seizures
__ Clotting Disorders
__ Recent Surgeries: _____
__ Allergies: _____
__ TMJ
__ Pregnant
__ Varicose Veins
__ Numbness or Tingling

- Other/Comments: _____
- Current Medications: _____

Preferred Pressure: **__ LIGHT** **__ FIRM** **__ DEEP**

OK to massage: __ Pecs __ Glutes __ Face/Scalp __ Feet

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. **Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly**. **I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.** I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Signature: _____

Date: _____

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