



PATIENT INFORMATION

MASSAGE THERAPY

HEALTH HISTORY

RESPIRATORY

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

OTHER CONDITIONS

- Loss of sensation
- Diabetes (onset: _____)
- Allergies (ie. anaphylaxis/skin irritation)
- Epilepsy
- Cancer
- Arthritis

WOMEN

- Pregnant (due: _____)

SKIN

- Skin conditions

CARDIOVASCULAR

- High blood pressure
- Low blood pressure
- CCHF
- Heart attack
- Phlebitis
- Stroke/CVA
- Pacemaker or similar device
- Heart disease

HEAD/NECK

- Vision problems
- Vision loss
- Ear problems
- Hearing loss

SOFT TISSUE/ JOINT DISCOMFORT

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

INFECTIONS

- Hepatitis
- Skin conditions
- TB
- HIV

Current Medications: _____ Primary Care Physician: _____

Conditions it treats: _____ Address: _____

Surgery: _____ Date: _____ Present Involvement in other health care: Yes No

Nature of surgery: _____ If yes, please specify: _____

Injury: _____ Date: _____

Nature of injury: _____

Other medical conditions (e.g. digestive conditions, gynaecological conditions, hemophillia, etc.) _____

Of special note (presence of internal pins, wires, artificial joints, special equipment): _____