

# Back In Motion Massage

## Confidential Client Case History

In order to maximize the effectiveness and safety of massage sessions together, please take the time to carefully fill out this questionnaire. Please feel free to ask any questions, regarding your massage.

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PRIMARY DOCTOR: \_\_\_\_\_ HOW WERE YOU REFERRED: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Have You Ever Received A Professional Massage? Y \_\_\_ N \_\_\_ If So, How Often? \_\_\_\_\_

What type of massage do you enjoy:  Light Pressure  Medium Pressure  Deep Pressure  You Can NEVER Go Too Deep

E-Mail Address: \_\_\_\_\_

## MEDICAL HISTORY

Are you currently experiencing any of the following conditions?

\_\_\_ Flu or Cold \_\_\_ Inflammation \_\_\_ Fever \_\_\_ Infection \_\_\_ Contagious Disease

Please check **any** of the following conditions that currently affect you or that you have experienced in the last 3 years:

___ Headaches	___ High Blood Pressure	___ Cancer	___ Seizures
___ Neck Pain	___ Low Blood Pressure	___ Diabetes	___ Pregnancy
___ Shoulder/Arm Pain	___ Heart Disease	___ Dizziness/Fainting	___ Hepatitis A B C
___ Mid Back Pain	___ Blood Clots/ Phlebitis	___ PMS/Painful Menstruation	___ Immune Disorders (HIV/AIDS)
___ Low Back Pain	___ Varicose Veins	___ Osteoporosis	___ Neuritis
___ Hip/Leg Pain	___ Multiple Sclerosis	___ Osteoarthritis/Rheumatoid Arthritis	___ Anxiety/Panic Attacks
___ Sciatica	___ Stroke	___ TMJ	___ Ulcers
___ Disc Problems	___ Arthritis/Bursitis	___ Fibromyalgia	___ Plantar Fasciitis
___ Whiplash	___ Numbness/Tingling	___ Difficulty Breathing	___ Athletes Foot
___ Anemia	___ Hemophilia	___ Raynauds Disease	___ Parkinson's
___ Open Wound/Sore	___ Rashes	___ Warts/Moles	___ Other _____

What do you hope to accomplish from today's massage? \_\_\_\_\_

Are you aware of any tension holding spots in your body? Y \_\_\_ N \_\_\_

If yes, location(s): \_\_\_\_\_

Describe any surgeries, hospitalizations, accidents or injuries you have had:

Less than 5 years ago: \_\_\_\_\_

Are you currently taking prescription medication? Y \_\_\_ N \_\_\_

If yes, what? \_\_\_\_\_

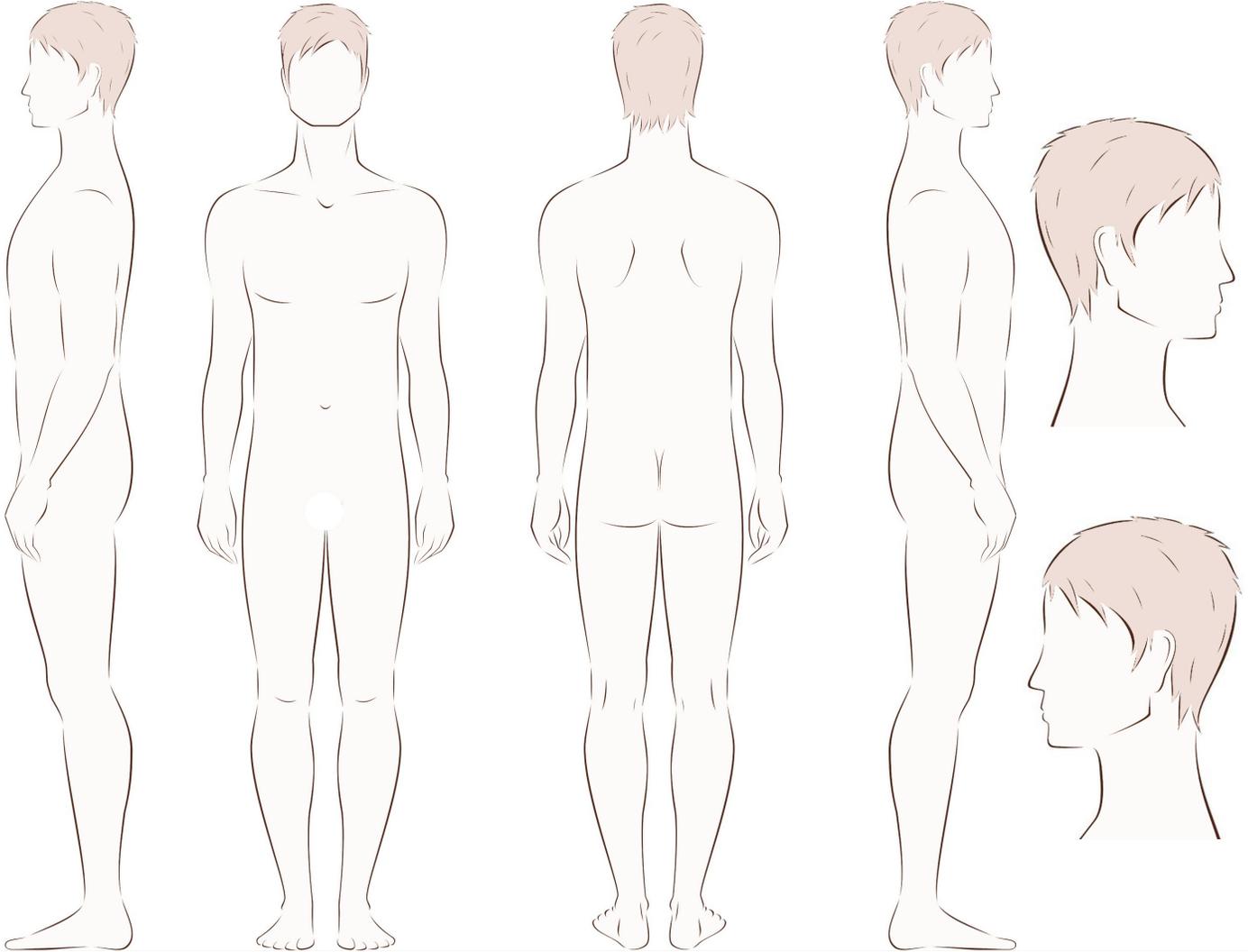
Are there specific aspects of your life which are particularly stressful? (job, posture, habits, diet, family, etc.?) \_\_\_\_\_

Over ---->

**HABITS**

Do you exercise? Y \_\_\_ N \_\_\_ How often? \_\_\_\_\_ Consume caffeine? Y \_\_\_ N \_\_\_ Alcohol? Y \_\_\_ N \_\_\_  
Take non-prescription medications? Y \_\_\_ N \_\_\_ What type? \_\_\_\_\_  
Consume tobacco? Y \_\_\_ N \_\_\_ If yes, (Either smoking or chewing) \_\_\_\_\_  
How many hours do you sleep each night? \_\_\_\_\_ Bowel patterns? Regular or Irregular  
Posture assumed most of the day? \_\_\_\_\_  
Any other recent injuries? Y \_\_\_ N \_\_\_ If so, when \_\_\_\_\_ Describe: \_\_\_\_\_  
Do you wear dentures? Y \_\_\_ N \_\_\_ Hearing Aids? Y \_\_\_ N \_\_\_ Contacts? Y \_\_\_ N \_\_\_

**PLEASE SHADE IN WHERE YOU EXPERIENCE PAIN ON THE DRAWING BELOW**



**WAIVER OF LIABILITY**

I understand that massage therapy given here is for the purpose of stress reduction, muscular tension or spasm relief, and/or increasing circulation. I understand that the Massage Therapist at Back In Motion Massage does not diagnose illness, disease, or any other physical or mental disorder. As such, the Massage Therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. It has been made very clear to me that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I may have. I have stated all my known medical limitations and do take it upon myself to keep the Massage Therapist in Back In Motion Massage Therapy updated on my physical health. I realize the therapist is not responsible for any contraindications for massage not given as history or prior to massage. The Massage Therapist in Back In Motion Massage reserves the right to refuse service to anyone and refer him or her to a physician before being considered for treatment.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date