

## THE HEALING TREE HEALTH HISTORY FORM

### Personal Data

Client Name \_\_\_\_\_ Date \_\_\_\_\_ Ref. By \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Male Female DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

### Massage and Health History

Have you received professional massage before? \_\_\_\_ YES \_\_\_\_ NO

If so, frequency \_\_\_\_\_ Date of last massage \_\_\_\_\_

What results do you want from your massage session? (EX: relaxation, pain relief, stress reduction.)

\_\_\_\_\_

\_\_\_\_\_

Are there any areas you **DO NOT** want to be massaged? \_\_\_\_\_

Are you currently seeing a medical practitioner for any reason other than well visits? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

Are you currently or have you ever been treated for mental health? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

Current medications and vitamins. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List stress reduction activities. \_\_\_\_\_

\_\_\_\_\_

List all surgeries and accidents including the date. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you allergic or sensitive to plants, flowers or herbs? If so, please list. \_\_\_\_\_

\_\_\_\_\_

**Musculo-Skeletal**

- bone or joint disease \_\_\_\_\_
- tendinitis \_\_\_\_\_
- bursitis \_\_\_\_\_
- broken/fractured bones \_\_\_\_\_
- arthritis \_\_\_\_\_
- sprains/strains \_\_\_\_\_
- low back, hip, leg pain \_\_\_\_\_
- headaches/head injuries \_\_\_\_\_
- spasms/cramps \_\_\_\_\_
- jaw pain/TMJ \_\_\_\_\_
- auto immune \_\_\_\_\_
- other \_\_\_\_\_

**Circulatory**

- heart condition \_\_\_\_\_
- varicose veins \_\_\_\_\_
- blood clots \_\_\_\_\_
- high blood pressure \_\_\_\_\_
- low blood pressure \_\_\_\_\_
- lymphedema \_\_\_\_\_
- other \_\_\_\_\_

**Respiratory**

- breathing difficulties \_\_\_\_\_
- asthma \_\_\_\_\_
- sinus problems \_\_\_\_\_
- other \_\_\_\_\_

**Infectious Diseases (please list below.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skin**

- allergies \_\_\_\_\_
- rashes \_\_\_\_\_
- athletes foot \_\_\_\_\_
- warts \_\_\_\_\_
- other \_\_\_\_\_

**Digestive**

- constipation \_\_\_\_\_
- gas/bloating \_\_\_\_\_
- diverticulitis \_\_\_\_\_
- IBS \_\_\_\_\_
- other \_\_\_\_\_

**Nervous System**

- herpes/shingles \_\_\_\_\_
- numbness/tingling \_\_\_\_\_
- chronic pain \_\_\_\_\_
- fatigue \_\_\_\_\_
- sleep disorders \_\_\_\_\_
- other \_\_\_\_\_

**Reproductive**

- pregnant (Tri?) \_\_\_\_\_
- High risk \_\_\_\_\_
- PMS \_\_\_\_\_
- other \_\_\_\_\_

**Other**

- cancer \_\_\_\_\_
- diabetes \_\_\_\_\_
- eating disorders \_\_\_\_\_
- depression/anxiety \_\_\_\_\_
- any addiction (list) \_\_\_\_\_

I understand that massage therapists do not diagnose illness, disease or any other physical or mental disorders. I understand that they also do not prescribe medications, medical treatment or perform any spinal thrust manipulations. I will communicate any concerns or discomforts with my therapist. I acknowledge that massage is not a substitution for medical treatment. I have stated all medical conditions that I am aware of and will update my therapist when necessary. I understand that massage is being performed for my well-being and all treatments are therapeutic/NONSEXUAL treatments.

**SIGN** \_\_\_\_\_ **DATE** \_\_\_\_\_