Lily Pond Wellness

Monica Maynard, Massage Therapist

Client Health Form

Name ____ Date _______________________

Street Address ____

City, State, Zip ____

Preferred phone no.: ____ day/evening/both

Secondary phone no.: ____ day/evening/both

Email: ____

Occupation _____________________________________ Birth date ______________________

Referred by ____

Have you previously received massage? Yes / No

What type? ____

How often? ____

Current Health

Please describe any recent injuries or surgeries ____

____

Where do you currently feel pain? ____

Where do you currently feel tension? ____

Do you have a limited range of motion? Yes / No

If so, where? ____

What exercises do you regularly perform, and how often? _____________________________________

____

Do you smoke? Yes / No

Women: Are you pregnant? Yes / No If yes, what week? __________

How stressed would you say you feel right now? maxed out / a lot / moderately / a little / not at all

How stressed do you generally feel? maxed out / a lot / moderately / a little / not at all

Medical History

Are you currently under a doctor's or therapist's care? Yes / No

If so, for what ____

Any major surgery or significant injury, or any car accidents? ______________________________

____

____

Please describe any other injuries or surgeries in the last 5 years ____________________________

____

Do you regularly have pain anywhere? Yes / No

If so, where ____

Please indicate any of the following conditions you have now (N) or had in the past (P):

__ Allergies
__ Asthma
__ Blood clots
__ Broken bones: ____________________
__ Cancer of: ________________________
__ Diabetes
__ Edema (swelling): _________________
__ Fibromyalgia
__ Headaches
__ Heart disease/attack
__ High / Low blood pressure
__ Irritable Bowel Syndrome (IBS)
__ Jaw pain (TMJ)
__ Lymph node removal: ______________

__ Numbness or tingling: _________________________
__ Osteoarthritis
__ Osteoporosis / Osteopenia
__ Rheumatoid Arthritis
__ Sciatica
__ Scoliosis
__ Skin disorders
__ Slipped /fused /herniated disc
__ Sports injury to: ______________________________
__ Tendon/ligament/cartilage tear: __________________
__ Varicose veins
__ Whiplash
__ Other: ______________________________________

Are you taking any of the following types of medication?

__ Blood pressure medication
__ Blood thinners
__ Analgesics/ Pain killers
__ Muscle relaxants
__ Anti-inflammatories
__ Cortisone injection: where_______________

I, ____, understand that there are conditions that may indicate massage therapy is not an appropriate therapy for me at this time. I have given a complete health history to the best of my knowledge, and agree that I will not hold Lily Pond Wellness or Monica Maynard liable for any negative effects resulting from my massage. I also understand that massage sessions may be terminated for any behavior deemed by the practitioner to be inappropriate.

Client signature: ____ **Date**: ______________________