Body Therapeutics Massage
Health History Form

This information provided by you will be treated confidentially.

Full Name _____Birthday_____

Telephone_____Address_____

City_____State_____Zip_____

Occupation_____Referral source_____

Email(optional)_____

Bodywork (frequency, types)_____
Any specific need or conditions for this session?_____
Is it difficult for you to lie on your front or back? (please circle) ***Yes*** ***No*** How many hours of sleep per night_____Bowel movement per day _____Smoking: ***Yes*** ***No***
Caffeine: ***Yes*** ***No*** Alcohol: ***Yes*** ***No*** Do you practice yoga? ***Yes*** ***No***
Other practice:_____How often: _____

Past or present medical condition (please circle)

Arthritis	Osteoporosis	Diabetes	TMJ syndrome
Varicose veins	Heart disease	Lung conditions	Sciatica
Carpal tunnel	Phlebitis	Herniated disc	Depression
Bruising	Herpes	Cancer	Scoliosis
Headaches	Epilepsy	Blood pressure	Pregnancy
Fibromyalgia	PMS	Liver problems	Stroke
Skin conditions	Seizures	Candida	Spondylosis

Other:_____

Recent surgery, accidents or injuries (please explain)_____
Pain or stiffness in back, neck, shoulder, knee, etc._____
Emotional difficulty:_____

Do you wear: ***contact lenses*** ***dentures*** ***hearing aid*** ***prosthesis***
Are under medical supervision? ***Yes*** ***No*** If so, for what_____
Are you taking medications ***Yes*** ***No*** If so, please list _____
Do you experience stress? ***Yes*** ***No*** If so, how much? ***Little*** ***Average*** ***Great amount***
If so, from what? _____

Disclaimer

I have requested treatment and confirm that the above information is correct. I understand that the massage/energy practitioner does not diagnose disease, illness or any other physical or mental disorder. The practitioner does not prescribe medical treatment, pharmaceuticals, nor do they perform any spinal or skeletal adjustments. This treatment is not a substitute for medical examination, and it is recommended that I see a physician for any physical ailment I might have.
Client Signature_____Date_____
Deepika Green_____ Date_____