

Your Confidential Health History

Please print legibly

Name: _____ Email: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Carrier: (Verizon, Sprint, etc.): _____

Preferred Appointment Reminder(s): Text Email

Birthday (to send out birthday discount): ___/___/___ Occupation: _____

Emergency Contact: _____ Phone Number: _____

How did you hear about us (we would like to send them a thank you)? _____

Are you currently under any medical supervision? Y or N

If yes, please explain: _____

Please list any major surgeries/broken bones/injuries: _____

Have you received massage therapy before? Y or N

If yes, how long ago was your last session? _____ What type of Massage? _____

What brought you in today? _____

Do you have any allergies to essential oils or massage oils? Y or N

If yes, please explain: _____

Are you sensitive to touch/pressure on your body? Y or N

If yes, please explain: _____

Females: Are you currently pregnant? Y or N If yes, how many weeks? _____ Any complications? Y or N

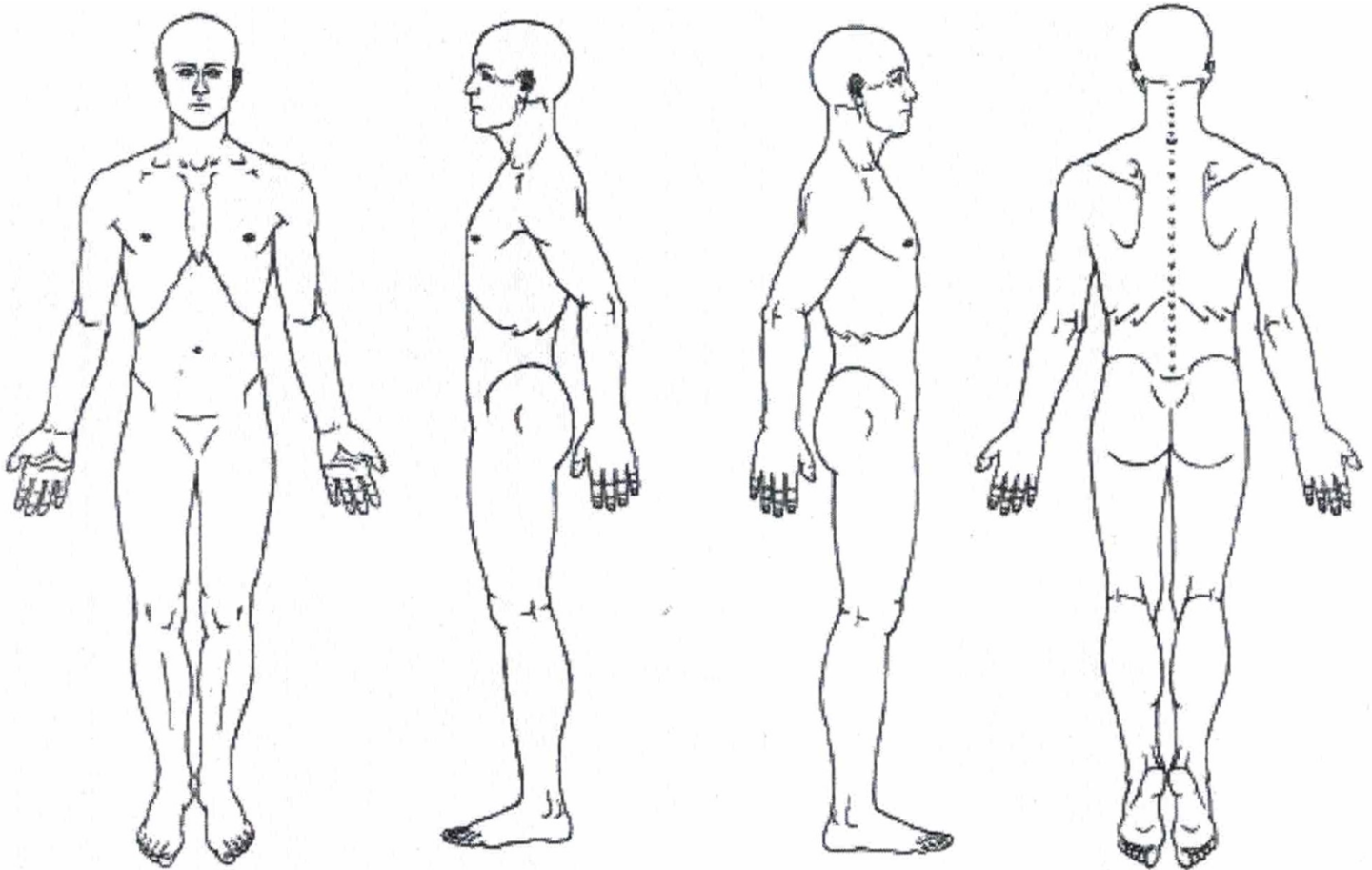
If yes, please explain: _____

Please Circle All That Apply

- | | | | |
|-------------------|---------------------|---|-----------------|
| AIDS (HIV) | Depression/Anxiety | Migraines/Headaches | Stroke |
| Allergies | Fibromyalgia | MS/Parkinson's | Stiffness |
| Arthritis | Heart Disease | Numbness/Tingling | Thyroid Disease |
| Athlete's Foot | High Blood Pressure | Sciatica | TMJ |
| Back Pain/Tension | Joint Problems | Scoliosis | Varicose Veins |
| Cancer/Tumors | Kidney Disease | Seizures | Warts |
| Constipation | Lung Disease | Skin Problems (Acne, Eczema, Psoriasis, Rash, Shingles) | |
| Diabetes | Lymphatic Problems | Sprain/Strain/Dislocation | |



Please place an "X" on the areas below of discomfort and/or tenderness.



Please take a moment to read the following and sign at the bottom of the page stating you understand and agree to the following statements. I understand that the services offered today are for the purpose of relaxation and muscular tension. I will immediately inform my therapist if I experience any discomfort during the session so my therapist can adjust pressure/modality. I will not hold my therapist responsible for any pain or discomfort during or after my massage session. I understand that massage is not a substitute for medical examination, diagnosis, or treatment and I will see a physician, chiropractor or other medical specialist for any medical or physical conditions. I understand it is my responsibility to advise my therapist of any medical changes or medications I begin. I understand there is no liability to the massage therapist if I forget to do so. By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy/bodywork.

APPOINTMENT POLICY

You may cancel your appointment without charge 24 hours in advance for all services performed within Everlasting Massage and Wellness. This is a courtesy to other guests and your Massage Therapist who is reserving the time specifically for you. Appointment reminders will be provided via text and email, however, we will not be held responsible for technological difficulties. Please write your appointment time down in a secure location. If you do not call to cancel your appointment 24 hours prior to your scheduled time or do not show up for your scheduled appointment, you will be charged full price for the service. By signing this form you are agreeing to these terms and conditions.

Signature: _____ Date: _____