KIT Therapy
Massage Therapy Health History Form

In order to maximize the effectiveness and safety of your massage therapy session(s), please take the time to carefully fill out this health questionnaire; your personal health history will be treated in a confidential manner. Your feedback is appreciated before, during, and at the end of the session(s) to help tailor the massage session and address your concerns in the best manner possible.

Client Information

Name:_____Phone: (

)_____-_____

Address:_____

_ Apt#:_____

City:_____State:_____Zip:_____

_____

E-Mail:_____

Date of Birth:_____

Occupation:_____Referred

by:_____

In case of emergency:_____Phone: (

)_____-_____

General & Medical Information:

❑Yes ❑No Have you ever had professional massage?

❑Yes ❑No Are you under the care of a physician?

If so, for what reason(s)?_____

_____

❑Yes ❑No Were you referred by someone?

If so, who?_____

❑Yes ❑No Are you currently taking any medications?

If so, Please list them:_____

_____

_____

Please circle the following option that best describes your expectations for the Massage Therapy session:

To completely relax, no issues in particular.

To relax with emphasis on a few trouble spots.

Paralysis? ❑Yes ❑No

Where_____

Numbness? ❑Yes ❑No

Where_____

Tingling? ❑Yes ❑No

Where_____

Allergies? ❑Yes ❑No

Type_____

Heart Condition? ❑Yes ❑No

Explain_____

I have specific areas that need customized and focused work.

Circle your preferred pressure:

Light Pressure

Medium Pressure

Deep pressure

Are there any parts of your body you do NOT want massaged?_____

_____

_____

_

_____

_

Recent Surgeries? ❑Yes ❑No

When/Where_____

Cancer? ❑Yes ❑No

Location?_____

Pregnancy? ❑Yes ❑No

What Trimester?_____

Any Complications?_____

Kidney Disorder? ❑Yes ❑No	Liver Disorder? ❑Yes ❑No	Hyperglycemia? ❑Yes ❑No
Arteriosclerosis? ❑Yes ❑No	Diabetes? ❑Yes ❑No	Swelling? ❑Yes ❑No
Sinusitis? ❑Yes ❑No	Arthritis? ❑Yes ❑No	Bursitis? ❑Yes ❑No
Headaches? ❑Yes ❑No	Abdominal Pain? ❑Yes ❑No	Dizziness? ❑Yes ❑No
Sciatica? ❑Yes ❑No	Back pain? ❑Yes ❑No	Chest Pain? ❑Yes ❑No
Implants? ❑Yes ❑No	Asthma? ❑Yes ❑No	Neck Pain? ❑Yes ❑No
Varicose Veins? ❑Yes ❑No	Blood Clots? ❑Yes ❑No	Skin Disorders? ❑Yes ❑No
High Blood Pressure? ❑Yes ❑No	Severe PMS? ❑Yes ❑No	Epilepsy? ❑Yes ❑No
Do you Wear Contacts? ❑Yes ❑No	Herniated Disk(s)? ❑Yes ❑No	TMJ? ❑Yes ❑No
HIV/AIDS? ❑Yes ❑No	Hypoglycemia? ❑Yes ❑No	Chronic Insomnia? ❑Yes ❑No

Extra Comments or elaborations? Please

Specify:_____

_____

_____

_____

_____

_____

_____

PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED.

(If you have a specific medical condition or specific symptoms, massage / bodywork may be contraindicated. A referral from your primary care provider may be required prior to massage services being provided.) If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical diagnosis or treatment and that I should consult a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapists part should I neglect to do so. It is also understood that any illicit or sexually suggestive remarks or advances that I make will result in immediate termination of the session.

Participant
Signature:_____
Date:_____

Therapist
Signature:_____
Date:_____

Information and Suggestions for the Client

- **Prior to your massage, remove all jewelry and pull long hair back with a clip.**
- **Because of the ability to easily access the body, the massage is given while you are disrobed. A top and bottom sheet will be provided for modesty and warmth.**
- **It is preferred that you still wear your bottom undergarments during your session.**
- **During your massage, please give your therapist feedback as to pressure (deeper or lighter) or point out painful or ticklish areas of your body.**
- **Feel free to ask your therapist any questions about their procedure. Your therapist is a highly trained professional and will be happy to make you feel well informed and comfortable.**