Health History Form

be fit massage and lymph care llc

Name_____ Date___/___/___ Occupation_____

Address_____ City_____ State ___ Zip_____

Cell Phone _____ e-mail _____

Who referred you to this office?_____ Date of Birth ___/___/___

List medications currently taking_____
List any surgeries_____

Please check the following conditions that apply to you, past and present:

____ arthritis	____ high blood pressure	____ bruise easily
____ neck pain	____ chest pain	____ numbness
____ asthma	____ blood clots	____ limited movement
____ fractures	____ heart conditions	____ swollen joints
____ cancer	____ edema	____ pinched joints
____ disc problems	____ skin disorders	
____ diabetes	____ epilepsy	other_____
____ osteoporosis	____ phlebitis	_____

Reason for your visit _____
When did the symptoms begin? _____
Rate the severity of your pain on a scale from 1 (least pain) to 10 (severe pain) _____
How often do you have this pain? _____ Is it constant or does it come and go?____
Does it interfere with your work, sleep, daily routine, recreation? _____
Date of your last physical exam? ___/___/___. Top 2 areas that you would like extra time and attention (ex. back, feet etc.) _____

I understand the above information is strictly confidential and is used to help the massage therapist determine any indications or contraindications for massage. I understand that massage therapy is not a replacement for medical care and that no diagnosis will be made. I have informed the massage therapist of all my known physical conditions, medical conditions and medications and I release the Massage Therapist of ***"be fit massage and lymph care llc"*** from any liability that may occur as a result of this session.

Signature_____ Date ___/___/___

All information shared in a session is held in strict confidence. My goal for this session is that you leave the office with a feeling of wellness and ease of movement – opening all possibilities to a healthier lifestyle.
Thank you for choosing *"be fit massage and lymph care llc"* as part of your wellness plan.