Duke	Medical	Record:	#



Massage & Bodywork Client Information & Health History All information shared will remain confidential

Signature _____

Name	Date of Birth		
Referred by		Employer	
Have you had professional bodywork b	pefore? YES NO		
What brings you here today and what	results would you like from your sess	ion?	
How do you relax?			
		t you do not want to be worked with: oper Torso Back Buttocks Legs Feet	
Medical History Are you under the care of a medical pr If yes, for what?	rofessional or other health care provid	der? YES NO	
Have you had any accidents or injuries,	been hospitalized or had surgeries? I	f yes, please list:	
What medications have you taken in the	ne past 6 months:		
Are you involved in regular exercise or	sports? If yes, please list type:		
List any chronic bodily discomfort that	you have? If so, please describe.		
Do you have o	r have you ever had any of the followi	ng conditions/illnesses/problems?	
o Arthritis o Cancer o Circulatory problems o Diabetes o Heart condition o High/Low blood pressure o Spinal/Skeletal problems o Respiratory Problems	o Elimination problems o Allergies/Asthma o Headaches o Depression o Anxiety o Fatigue o Insomnia o Dizziness	o Skin disorders o Muscular Injuries/Disease o Neurological problems o Reproductive problems o Infectious disease o Stroke history o Pregnancy (delivery date)	
Please describe your health condition(s	s) or any other concerns below:		
and physical limitations, and I will info Therapist does not diagnose any media general, I understand that massage the circulation and/or facilitating greater b	rm my Massage Therapist of any chancal, physical or mental disorder, presonerapy is for the purpose of stress recodily awareness for optimal mind, bowents that I might have. I freely assembles	I have, I have listed all of my known medical conditioninges in my physical health. I understand that a Massage tribe medication or perform any spinal manipulations. It eduction, relief from muscular tension/spasm, improving ody, spirit functioning. I am responsible for consulting a sume any and all risks of treatment whether presently	

Date ____