Health Information

Name: _____ today's date _____

Phone Number(s): _____

Mailing Address: _____

City/State/Zip: _____

Email: _____ Date of Birth *(or just month):* _____

In case of an emergency, please notify: _____ Relation: _____ Phone: _____

Circle your participation in the Covid-19 Vaccination Plan *Not Participating / Vaccination shot(s): 1 2 B1 B2 B3*

Allergies: _____

Health History: *Do you have, or have you ever had any of the following conditions/illnesses/disorders?*

Inflammations	Fibromyalgia	Circulatory Disorders
Heart Condition	Osteoporosis	Eliminatory Disorders
High/Low Blood Pressure	Infectious diseases	Skin Disorders
Hemophilia	Arthritis	Digestive Disorders
Diabetes	Headaches	Respiratory Disorders
Cancer	Glasses or contacts?	Nervous System Disorders
Muscle/Joint Pain	# of Pregnancies _____	Reproductive Disorders
TMJD	Musculo-Skeletal Disorders	Endocrine System Disorders

Feel free to elaborate on any of the above

_____

_____

Past injuries or surgeries, even if healed long ago, can have lasting effects on the body. Please list:

_____

Present Condition(s):

#1 Pain Complaint: _____ .Discomfort Level: *No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable*

What **aggravates** this issue? _____ What makes this area **feel better**? _____

Discomfort all the time, or just with certain movement? _____

#2 Pain Complaint: _____ . Discomfort Level: *No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable*

What **aggravates** this issue? _____ What makes this area **feel better**? _____

Discomfort all the time, or just with certain movement? _____

#3 Pain Complaint: _____ . Discomfort Level: *No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable*

What **aggravates** this issue? _____ What makes this area **feel better**? _____

Discomfort all the time, or just with certain movement? _____

Current over the counter and/or Rx medications taking *(more important to list the reason taking than the med name)*:

_____

Are you pregnant? Y N If yes, what is your due date? _____ Has your doctor cleared you for prenatal massage? Y N

Are you a tobacco smoker? Y N (*smokers perceive pain differently than non.*)

Is a medical professional **currently** seeing/treating you outside of general care? Y N *If yes, for what?* _____

If you would like me to talk with your doctor, please provide contact information.

What modalities, or styles of massage/bodywork, have you previously experienced? Approximately when was your last session?

_____

What was effective/useful in the past? _____

What wasn't useful/effective? _____

What do you wish to accomplish from massage therapy? _____

What would you say is your energy level on average? *Mark on the scale >* * * * * Low * * * * * * * Med * * * * * * * High * * * *

What is your profession and/or Industry? _____

Do you ever experience physical discomfort at your job? Y N

If yes, then how so? _____

Approximately how many hours a day do you spend at a **computer/desk at work**: _____at **home**:_____

Approximately how many hours a day do you spend **driving**? Work:_____ Personal: _____

What are your **hobbies and interests**? _____

_____

Describe any **physical activities** (*patterns*) you do on a **regular basis** (gym visits, sports, hula, paddling, gardening, and weekend warrior stuff)

_____

_____

When active, do you find yourself **out of breath easily**? Y N Do you experience **discomfort or chest tightness?** Y N

Are you right side or left side dominant? R L B _____

Sleeping Posture: Side Back Belly Tossnturn _____

How did you hear about Nancy's practice? *HealthProfs.com* *Googled Massage* *Google Maps?*

Referred by: _____ *Publication:* _____

A diff web site: _____ *Other:* _____

Mahalo for completing this intake – all this information helps to create an accurate treatment plan to accomplish your wellness goals. Please let me know if anything changes over time.

Client/Therapist relationships are kept strictly confidential, even amongst family members. Hawaii laws state that NO client information given on this form or during session is released without permission of client. Treatment notes may be subpoenaed for insurance cases.

Additional Info, Notes, Questions, or Concerns:

_____

_____

_____

_____