Northwest Family Chiropractic
Massage Health History Form

Name: _____Date: _____/_____/_____

Address: _____ City/State/Zip: _____

What is the best Phone number to call?: (____)_____-_____ DOB: _____/_____/_____

Email: _____@_____

How were you referred? □ Insurance □ Internet Search □ Friend/Family □ Other

Emergency Information:

Emergency Contact: _____

Relationship to You: _____

Phone: _____

Other Phone: _____

Health History:

List and explain, include dates and treatment received.

Surgeries: _____

_____

Accidents: _____

_____

Major Illness: _____

_____

List Daily Activities:

Work: _____

Home/Family: _____

Recreational: _____

_____

Are there any Activities that affect your condition?

Please explain: _____

_____

_____

How do you reduce stress? _____

_____

What makes your pain worse? _____

_____

Other than relaxation, what results do you want from your massage? _____

_____

_____

_____

Please indicate the type of pressure you prefer:

□ Light □ Moderate □ Firm □ Deep Tissue

Have you ever had a massage before?

□ Yes □ No Last massage: _____

Current Health Information:

Primary concern? _____

_____

What area would you like focus on?

_____

Is the discomfort…?

□ Mild □ Moderate □ Severe □ Disabling

□ Constant □ Intermittent

Symptoms:

□ Increase w/activity □ Decrease w/activity

□ Getting Better □ Getting Worse □ No Change

Treatment Received: _____

_____

List all medications currently taking:

(Including vitamins, supplements and pain relievers)

_____

_____

Please mark specific health issues, if applicable and explain.

Nervous System:

Now	Past	
□	□	Head Injury/Concussion
□	□	Numbness/Tingling
□	□	Loss of Memory/Confusion
□	□	Pinched Nerve/Shooting Pain
□	□	Chronic Pain

Musculoskeletal:

Now	Past	
☐	☐	Bone and Joint Disease
☐	☐	Tendonitis/Bursitis
☐	☐	Arthritis/Gout
☐	☐	Sprains/Strains
☐	☐	Low Back/Hip/Leg Pain
☐	☐	Neck/Shouder/Arm Pain
☐	☐	Spasms/Cramps
☐	☐	Jaw Pain/TMJ Dysfunction
☐	☐	Osteoporosis
☐	☐	Scoliosis/Spinal Problems
☐	☐	Broken Bones
☐	☐	Stiff or Painful Joints
☐	☐	Weak or Sore Muscles

Skin:

Now	Past	
☐	☐	Rashes/Herpes/Cold Sores
☐	☐	Athletes Foot/Warts
☐	☐	Ringworm/Infectious Skin Conditions

Digestive/Elimination:

Now	Past	
☐	☐	Kidney/Bladder Ailment
☐	☐	Constipation/Diarrhea
☐	☐	Irritable Bowl Syndrome

Allergies:

Now	Past	
☐	☐	Respiratory-Scents/Pollen
☐	☐	Skin-Detergents/Oils/Lotions
☐	☐	Food/Nuts/Fish

Circulatory:

Now	Past	
☐	☐	Heart Disease/Condition
☐	☐	Phlebitis/Varicose Veins
☐	☐	Blood Clots
☐	☐	High/Low Blood Pressure
☐	☐	Lymph Edema
☐	☐	Thrombosis/Enbolism

Respiratory:

Now	Past	
☐	☐	Breathing Difficulty
☐	☐	Emphysema
☐	☐	Chest Pain/Shortness of Breath
☐	☐	Sinus Problems

Reproductive:

Now	Past	
☐	☐	Pregnant: Stage _____
☐	☐	Hysterectomy
☐	☐	Prostate Problems

General:

Now	Past	
☐	☐	Cancer/Tumors Benign/Malignant
☐	☐	Diabetes Type I/Type II
☐	☐	Chronic Fatigue
☐	☐	Sleep Disorders
☐	☐	Migraines/Headaches
☐	☐	Anxiety/Stress Syndrome
☐	☐	Depression
☐	☐	PTSD
☐	☐	Infections
☐	☐	Fever/Cold/Flu
☐	☐	Drug/Alcohol/Caffenine
☐	☐	Communicable Diseases/Viruses-Pink Eye/Fungal Infections

Other? Explain: _____
_____

I have listed all my known medical conditions and physical limitations and will inform the massage practitioner in writing of any change in my physical health between massage sessions. I understand my practitioner must be aware of any and all existing physical conditions that I have in order to provide appropriate massage. I further understand that a massage practitioner does not diagnose or perform any thrusting joint or spinal manipulations or adjustment. I am responsible for consulting a qualified primary health care provider for any physical ailment that I may have. I also understand that there are certain contraindications to massage that include, but are not limited to: broken bones, open sores/wounds, contagious diseases, etc. I know that Northwest Family Chiropractic will make every effort to collect from my insurance company, but I understand that I am ultimately responsible for my bill and I know that the price for an hour massage is $70.00.

Print: _____ **Date:** _____

Signed: _____