

All Information is Confidential

Uplifted Wellness Massage Therapy

Health Information Form

Name: _____ Date _____

Address: _____
(Street) (City) (State) (Zip)

Birthday: _____ Phone # : (Home) _____ (Work) _____

Occupation/Daily Activity: _____

Health Care System/Physician: _____

List ANY recreation/exercise activities/include frequency: _____

HEALTH HISTORY

Please CIRCLE any that apply to you at this time.

Arthritis	Skin Condition	Diabetes	Epilepsy or Seizures
Athlete's Foot	Cancer	Fatigue	Headaches
Blood Clots	Hemophilia	Fibromyalgia	Carpal Tunnel Synd.
Constipation	Numbness	Sprains/Strains	Sinus Condition
Heart Condition	Pregnant	PMS	Stroke
HIV/AIDS	Scoliosis	Varicose Veins	High/Low Blood
Osteoporosis	Other _____		Pressure

Please circle the number which best describes your current level of stress

(low) 0 1 2 3 4 5 (high)

Please circle the number which best describes your current level of health

(poor) 0 1 2 3 4 5 (excellent)

PREVIOUS HISTORY

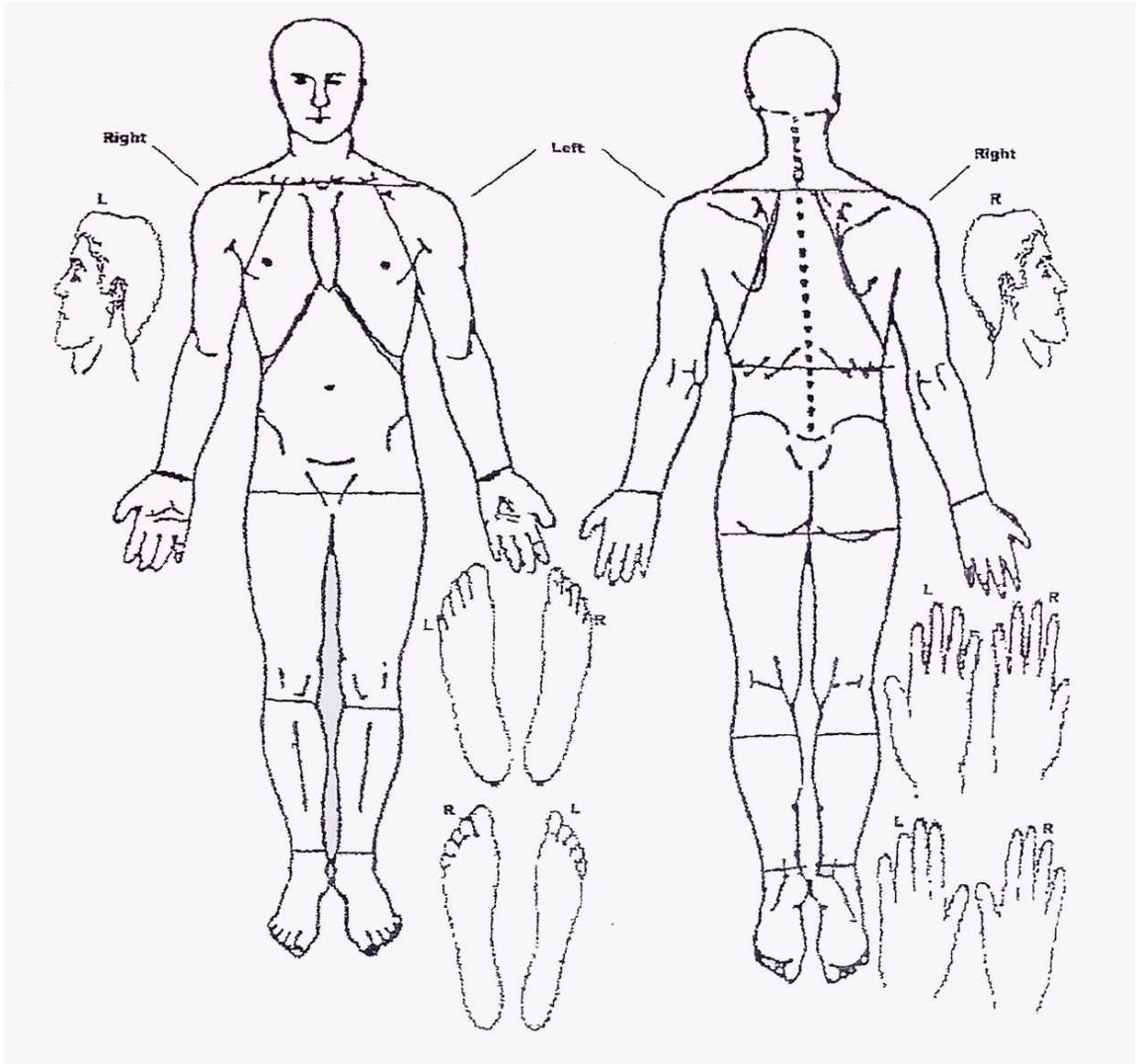
Please LIST your previous history in the last 5 years having any:

Surgeries: _____

Accidents: _____

Please list ANY current medications: _____

If you are having problems with any specific body areas, please mark them on the diagram below.



It is my choice to receive massage therapy. I realize that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner anytime I feel like my well-being is being compromised.

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorders; nor perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

I understand that I am receiving massage at my own risk and hereby release the independent Massage Therapist from any liability.

SIGNATURE: _____ DATE: _____