



HEALTH at HAND

Advanced Bodywork + Esthetics

# MASSAGE THERAPY INITIAL CONSULTATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

Have you ever had a professional massage?  Yes  No Date: \_\_\_\_\_

Your goals for this treatment (Relaxation, Pain Mgmt, Therapy, ?) \_\_\_\_\_

Are you under medical /or therapeutic treatment?  Yes  No FOR: \_\_\_\_\_

Are you on any medications? \_\_\_\_\_

What are you taking? \_\_\_\_\_

If working with doctors/therapists, I give permission to contact them  Yes  No

Please provide Name and phone number \_\_\_\_\_

Please mark the following below, if there are problems, and please explain:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Serious Injuries | <input type="checkbox"/> Bursitis             | <input type="checkbox"/> Back Pain                |
| <input type="checkbox"/> Headaches        | <input type="checkbox"/> Allergies            | <input type="checkbox"/> Allergy to Types of Oils |
| <input type="checkbox"/> Arthritis        | <input type="checkbox"/> Skin Infections      | <input type="checkbox"/> Contagious Conditions    |
| <input type="checkbox"/> Contacts         | <input type="checkbox"/> Pregnant             | <input type="checkbox"/> Recent Surgery           |
| <input type="checkbox"/> Blood Clots      | <input type="checkbox"/> Use of Alcohol       | <input type="checkbox"/> Use of Tobacco           |
| <input type="checkbox"/> High/Low BP      | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Stroke                   |
| <input type="checkbox"/> Varicose Veins   | <input type="checkbox"/> Heart Attack         | <input type="checkbox"/> Neck Pain / TMJ          |
| <input type="checkbox"/> Use of Drugs     | <input type="checkbox"/> OTHER Explain: _____ |   |

In case of an Emergency Notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This information is, to the best of my knowledge, true and correct. I will notify Health at Hand Bodywork + Esthetics health changes I may experience. I understand the massage services are designed to be a health aid and in not way of any to take the place of a doctor;s care when indicated. If I experience any pain or discomfort during any session, I will immediately inform the practitioner so that the work may be adjusted to my level of comfort. Information exchanged during any massage session are of an educational nature and intended to help me become more aware of how my body is functioning. All massages at Health at Hand Bodywork + Esthetics are for therapeutic purposes only, and are completely non-sexual. Any sexual and / or inappropriate behavior will not be tolerated.

Unless it is an emergency situation, agree to cancel a minimum of 24 hours in advance. IF I miss an appointment without giving 24 hr notice, I agree to pay Health at Hand Bodywork + Esthetics 1/2 the cost of the scheduled appointment fee.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_