

# Harmony Heals, Inc



## MASSAGE MEDICAL HISTORY

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (HM) \_\_\_\_\_ (WK) \_\_\_\_\_ DOB \_\_\_\_\_

WHAT MADE YOU COME FOR A MESSAGE TODAY?

GIFT \_\_\_\_\_ PAIN \_\_\_\_\_ WALK-BY \_\_\_\_\_ STRESS \_\_\_\_\_ ADS \_\_\_\_\_ REFERRAL \_\_\_\_\_

HAVE YOU EVER EXPERIENCED A PROFESSIONAL MESSAGE BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

**THE FOLLOWING WILL HELP US TO DETERMINE THE BEST STYLE AND SEQUENCE OF MESSAGE FOR YOU:**

1.) IS THERE ANY AREA YOU WOULD LIKE US TO SPEND EXTRA TIME ON TODAY?

NECK/SHOULDERS \_\_\_\_\_ LOW BACK \_\_\_\_\_ LEGS \_\_\_\_\_ ARMS \_\_\_\_\_ FEET \_\_\_\_\_

2.) ARE YOU EXPERIENCING ANY MEDICAL PROBLEMS? NO \_\_\_\_\_ (IF YES, WHERE?)

LOW BACK PAIN/STIFFNESS \_\_\_\_\_ NECK PAIN/STIFFNESS \_\_\_\_\_ EPILEPSY \_\_\_\_\_

OSTEOPOROSIS \_\_\_\_\_ HEADACHES \_\_\_\_\_ HIGH BLOOD PRESSURE \_\_\_\_\_

VARICOSE VEINS \_\_\_\_\_ DIABETES \_\_\_\_\_ EMOTIONAL PROBLEMS \_\_\_\_\_

OTHER AREAS: \_\_\_\_\_

**AS THESE CONDITIONS MAY INFLUENCE THE MASSAGE SESSION, PLEASE BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1) HOW LONG HAVE YOU HAD THIS CONDITION? \_\_\_ 1-2 YEARS \_\_\_ 3-5 YEARS \_\_\_ LONGER

2.) HAS IT EVER BEEN DIAGNOSED BY A MEDICAL DOCTOR? \_\_\_\_\_ YES \_\_\_\_\_ NO

3.) HAS IT EVER BEEN DIAGNOSED BY A CHIROPRACTOR? \_\_\_\_\_ YES \_\_\_\_\_ NO

4.) ARE YO TAKING MEDICATION FOR IT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT TYPE OF MEDICATION? \_\_\_\_\_

5.) WHAT SEEMS TO HELP? \_\_\_\_\_ POSITION \_\_\_\_\_ REST \_\_\_\_\_ EXERCISE \_\_\_\_\_ ADJUSTMENTS

6.) WHAT MAKES IT WORSE? \_\_\_\_\_ EXERCISE \_\_\_\_\_ STRESS \_\_\_\_\_ WORK

