

## The Spa at Spring Ridge Massage Medical History

In order to plan a massage session that is safe and effective, we need some general information about your medical history:

11. Are you currently under medical supervision? Yes \_\_\_\_ No \_\_\_\_
12. Do you see a chiropractor? Yes \_\_\_\_ No \_\_\_\_ If yes, how often? \_\_\_\_\_
13. Are you currently taking any medications? Yes \_\_\_\_ No \_\_\_\_  
If yes, please list \_\_\_\_\_
14. Please check any condition listed below that applies to you:
- |   |  |
|---|--|
| <input type="checkbox"/> Contagious Condition       | <input type="checkbox"/> Phlebitis                         |
| <input type="checkbox"/> Open sores or wounds       | <input type="checkbox"/> Deep vein thrombosis/blood clots  |
| <input type="checkbox"/> Easy bruising              | <input type="checkbox"/> Osteoporosis                      |
| <input type="checkbox"/> Recent accident or injury  | <input type="checkbox"/> Epilepsy                          |
| <input type="checkbox"/> Recent fracture            | <input type="checkbox"/> Headaches/migraine                |
| <input type="checkbox"/> Artificial joints          | <input type="checkbox"/> Diabetes                          |
| <input type="checkbox"/> Sprains/strains            | <input type="checkbox"/> Decreased sensation               |
| <input type="checkbox"/> Current fever              | <input type="checkbox"/> Back/neck problems                |
| <input type="checkbox"/> Swollen glands             | <input type="checkbox"/> Fibromyalgia                      |
| <input type="checkbox"/> Recent Surgery             | <input type="checkbox"/> TMJ                               |
| <input type="checkbox"/> Heart condition            | <input type="checkbox"/> Carpal tunnel syndrome            |
| <input type="checkbox"/> High or low blood pressure | <input type="checkbox"/> Tennis elbow                      |
| <input type="checkbox"/> Circulatory disorder       | <input type="checkbox"/> Pregnancy, how many months? _____ |
| <input type="checkbox"/> Varicose veins             | <input type="checkbox"/> Decreased sensation               |
| <input type="checkbox"/> Atherosclerosis            |  |

Please explain any condition marked above \_\_\_\_\_

15. Is there anything else about your medical history that you think would be useful for your massage practitioner to know to plan a safe and effective session for you? \_\_\_\_\_

Proper draping is always used during session allowing only the area being worked on to be uncovered. Clients under the age of 17 must have a parent or legal guardian accompany them throughout the entire session. Clients under the age of 17 must have informed written consent by a parent or legal guardian.

I, \_\_\_\_\_ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that the massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that the massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illnesses, and that nothing said in the course of the session given should be constructed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly, to the best of my knowledge. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapists part should I fail to do so.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Massage Therapist \_\_\_\_\_ Date \_\_\_\_\_