

HEALTH HISTORY + INFORMED CONSENT

Thank you for taking the time to provide insight into your current and past health. This information is helpful in ensuring proper precautions are taken and in supporting the benefits of your bodywork. All information will remain confidential.

Personal Information

Name: _____
Email: _____
Do you want to receive email updates? ☐ Yes ☐ No
Address: _____

Date of Birth: _____
Pronouns: _____
Phone #(s): _____
Emergency Contact
Name: _____
Phone #(s): _____

Informed Consent

I, (please print) _____, understand that Durham Bodywork provides a combination of hands-on massage therapy and guided integrative rest to help manage stress, reduce muscular tension, increase circulation, and develop whole body awareness. This treatment is offered in a group setting to clothed individuals. If I experience pain or discomfort, I will immediately inform the therapist. I understand that massage therapists do not diagnose illness or disease or perform spinal manipulations.

Below I will provide information about my health and any medical conditions and agree to inform the therapist of any changes in my health prior to each session.

Signature: _____

Date: _____

Habits + Practices

How do you spend most of your time?

What hobbies or activities do you enjoy regularly:

How do you relax? _____

Have you ever received professional massage therapy before? ☐ Yes ☐ No

Why have you chosen to receive bodywork? _____

Health Conditions

Please list any current over the counter or prescription medications and reasons for use: _____

Please list any current injuries or sources of pain: _____

Please list any prior major injuries, surgeries or hospitalizations and dates: _____

Please indicate any conditions that apply to you, either past or current:

	Past	Current		Past	Current		Past	Current
Arthritis			Diabetes			Glasses or Contacts		
Allergies			Dentures			Infectious Disease		
Asthma			Heart Conditions			Skin Problems		
Blood Clots			H/L Blood Pressure			Osteoporosis		
Cancer			TMJ Issues			Pregnancy		
Circulatory Issues			Autoimmune Issue			Scoliosis		
Constipation			Migraines			Sciatica		

Feel free to elaborate on any of the above: _____

Is there a primary area or condition of ongoing concern? _____

How did this develop? _____

What makes it better? _____

Is there anything else you would like us to know? _____
