



East Windsor, NJ 08520
 www.MendYourBodyMassage.com
 Mendyourbodymassage@gmail.com
 Phone: 609-865-4585 Fax: 609-371-2503

Client Health History Form

Contact Information

Date: _____

Name: _____ Preferred Name if Different: _____
 Address: _____ City, State: _____
 Phone Number: _____ Email: _____
 Date of Birth: _____ Occupation: _____

Were you referred? No Yes If Yes, by whom? _____

How did you find Mend Your Body Massage? _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____

Health History

Before treatment begins, it is very important that any recent or chronic medical conditions and any medications you may be taking be discussed with your massage therapist. Some conditions may preclude you from receiving your massage, so please be honest and update us regularly of any medical history changes.

Are you currently experiencing any of the following?		
	Yes	No
Organ Failure (Heart, Liver, Lung, or Kidney)	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding (excluding menstruation)	<input type="checkbox"/>	<input type="checkbox"/>
Blood Clots *Unmanaged in the last 2 years	<input type="checkbox"/>	<input type="checkbox"/>
Fever *In the last 48 hours	<input type="checkbox"/>	<input type="checkbox"/>
Contagious illness *e.g. the flu	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea or Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Infections *Un-medicated for at least 48 hours	<input type="checkbox"/>	<input type="checkbox"/>
Under the influence of (non-prescribed) drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE: If you answered YES to any of the above questions, you WILL NOT receive any massage or bodywork at this time.

****Please stop here and inform the massage therapist****

Health History (Continued)

1. Do you have any medical conditions (past and present)? _____

2. Please provide more detail to any conditions stated above (year diagnosed, chronic status, etc):

3. Describe any treatments you have already received for your past and present condition(s) (including Doctor/alternative therapist appointments, PT, Massage, Medications, Surgeries, etc):

4. Are you **currently** taking any medication? No Yes If yes, please list below.

5. Describe any major injuries, accidents, surgeries, or hospitalizations (include year of event):

6. What kind of care did you receive? _____

7. Do you consider yourself recovered from these events? Please explain: _____

9. Do you have any skin allergies? _____

10. Do you have any hobbies or activities you do regularly? _____

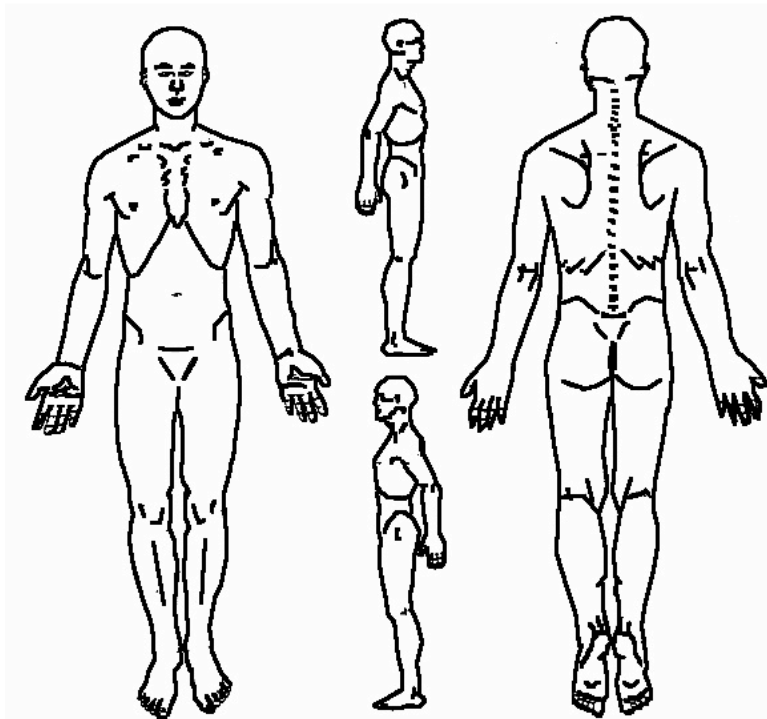
Treatment Plan

1. What are your present symptoms/issues you would like addressed? _____

2. What do you hope to accomplish? _____

3. Describe any treatments you have already received for your current complaint(s) (including Doctor Appointments, PT, Massage, Medications, Surgeries, etc): _____

Please indicate where you have pain (or other problematic sensations) and on a scale of 1-10 (1 being zero and 10 being excruciating) how each area feels.



4. Describe what you do that causes the pain/other sensations, and what activities tend to make it worse: _____

5. Describe anything not mentioned thus far that you feel is important for your therapist to know: _____



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Please read the following statement carefully, then sign below.

I fully understand that massage therapy is not a substitute for medical examination and/or diagnosis and that it is recommended that I see a physician for any physical ailment I may have. If I experience any pain or discomfort during this session, I will immediately inform the therapists so that the pressure, strokes, or position may be adjusted to my level of comfort. I will inform the therapist if I require the session to end prematurely and agree to provide full payment of the scheduled session, including travel fees if applicable. Because a massage therapist must be made aware of any existing physical conditions, I have stated all known medical conditions and take it upon myself to keep the therapist updated on my physical health. I understand that there shall be no liability on the practitioner's part should I fail to do so.

By signing this form, I grant permission to Mend Your Body Massage LLC to use photographs and/or videos taken by them or those provided by me. Mend Your Body Massage LLC will only take photographs and/or videos on their equipment after I express consent. I grant permission to Mend Your Body Massage LLC to use, reproduce, edit, display, and/or publish photographic pictures and/or videotaped images in all forms and media (including but not limited to: on social media, Mend Your Body Massage LLC website, publications, and advertising or promotions). I waive all claims to compensation and damages. I acknowledge that Mend Your Body Massage LLC will, when possible, protect my privacy and identity.

I acknowledge any illicit or sexually aggressive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of scheduled appointment, including travel fees if applicable.

I acknowledge payment is due at the time of treatment. I agree to give at least 24 hours notice of appointment cancellation. I acknowledge if the cancelation is less than 24 hours before the appointment, half the amount may be charged. I understand if I do not show up, I will be charge the full cost of the appointment, including travel fees if applicable. Emergency situations or weather related instances will be decided on a case to case basis.

I agree Mend Your Body Massage LLC will not be liable for death or any injury, including, without limitation, personal, bodily or mental injury, economic loss or damage to me resulting from negligence, other acts in Mend Your Body Massage LLC, anyone acting on Mend Your Body Massage LLC's behalf, or anyone using the services of the facilities of Mend Your Body Massage LLC, to the fullest extent permitted by law. Myself and/or any of my heirs, executors, representatives, or assignees hereby release Mend Your Body Massage LLC from all claims or liabilities for death, personal injury or property loss or damages of any kind sustained while on the premises, during the use of equipment and/or from any advice or services provided by an employee, independent contractor or any representative of Mend Your Body Massage LLC. I agree that this application and waiver is in effect for all massages or any other services, and will not expire.

I have carefully read and understand all of the above and I have answered all questions fully and accurately.

Client signature _____ Date _____