Annette Gray-Jackson RMT **Health History Form**

The information request below will assist us in treating you safely. Feel free to ask any questions about the information being requested. All information provided below will be kept confidentially unless allowed or requested by law. Your written permission will be required to release any information.

Name:_____ Home Phone #:_____
E-mail:_____ Cell Phone #:_____
Address:_____
Occupation: _____ Date of Birth: _____
Have you received massage therapy before? ☐ Yes ☐ No
Did a health care practitioner refer you for massage therapy? ☐ Yes ☐ No
If yes, please provide their name and address: _____
_____

Cardiovascular:
- ☐ high blood pressure
- ☐ low blood pressure
- ☐ chronic congestive heart failure
- ☐ heart attack
- ☐ phlebitis / varicose veins
- ☐ stroke / CVA
- ☐ pacemaker or similar device
- ☐ heart disease

Is there a family history of any of the above? ☐ Yes ☐ No

Respiratory:
- ☐ chronic cough
- ☐ shortness of breath
- ☐ bronchitis
- ☐ asthma
- ☐ emphysema

Is there a family history of any of the above? ☐ Yes ☐ No

Infections:
- ☐ hepatitis
- ☐ skin conditions
- ☐ TB
- ☐ HIV
- ☐ herpes

Other Conditions:
- ☐ loss of sensation, where?

_____
- ☐ diabetes, onset: _____
- ☐ allergies/hypersensitivity, to what?

_____
type of reaction: _____
- ☐ epilepsy
- ☐ cancer, where? _____

_____
- ☐ skin conditions, what? _____

_____
- ☐ arthritis

Is there a family history of any of the above? ☐ Yes ☐ No

Head / Neck:
- ☐ history of headaches
- ☐ history of migraines
- ☐ vision problems
- ☐ vision loss
- ☐ ear problems
- ☐ hearing loss

Women:
- ☐ pregnant, due: _____
- ☐ gynecological conditions, what?

_____

Overall, how is your general health?

_____

Primary Care Physician:

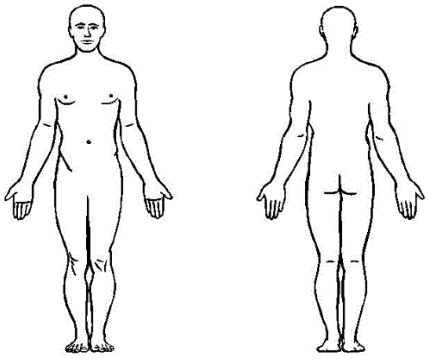
_____

Address:

_____

_____

_____



What is the reason(s) you are seeking massage therapy?

Please indicate the location of any tissue or joint pain/discomfort.

_____
_____
_____

Do you have any internal pins, wires, artificial joints, or special equipment?

☐ Yes ☐ No What?_____ Where?_____