Claudia's Body and Skin Care Center

CONFIDENTIAL MEDICAL HISTORY

NAME: _____ DATE: _____

ADDRESS: _____ APT #_____

CITY: _____ STATE: _____ ZIP: _____

HOME : _____CELL: _____ WORK: _____

E-MAIL:_____ Birthday: _____

Facebook ID (optional): _____

Please mark the conditions that apply to you:

- ❑ Current Cold or Fever
- ❑ New Injury (within 3 days)
- ❑ Joint Issues/Artificial Joint
- ❑ Epilepsy
- ❑ Heart Attack
- ❑ Heart Disease
- ❑ Circulation Condition
- ❑ Blood Clots
- ❑ DVT (Deep Vein Thrombosis)
- ❑ Atherosclerosis
- ❑ High Blood Pressure
- ❑ Low Blood Pressure
- ❑ Varicose Veins
- ❑ Diabetes
- ❑ Hypertension
- ❑ Pregnancy
- ❑ Osteoporosis
- ❑ Asthma
- ❑ Allergies
- ❑ Skin rash
- ❑ Bruise Easily

Are you under a Doctor's care? Circle: Yes/No

Doctor Name _____ Phone:_____

Additional or specific conditions that we should know about:

_____

_____

Please include description and date of the following:

Surgeries/Operations:

_____

_____

_____

Accidents/Injuries:

_____

_____

Please list medications, including aspirin, ibuprofen, antihistamines, birth control, etc.:

_____

_____

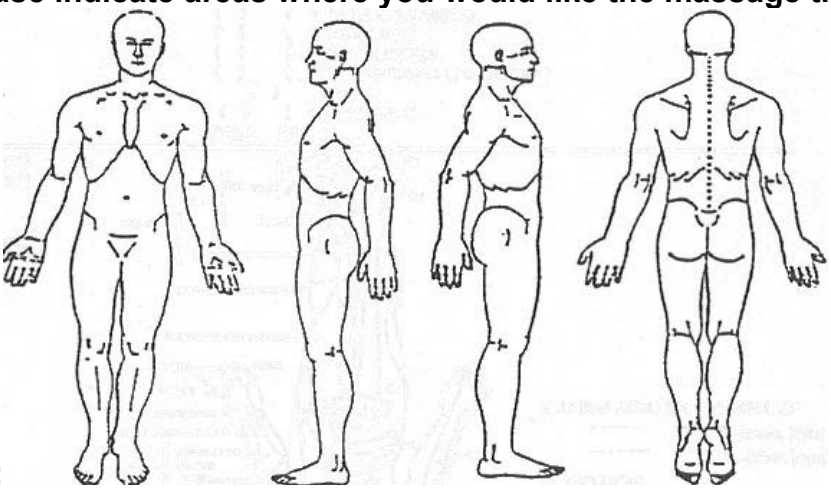
What type of work do you do?

_____

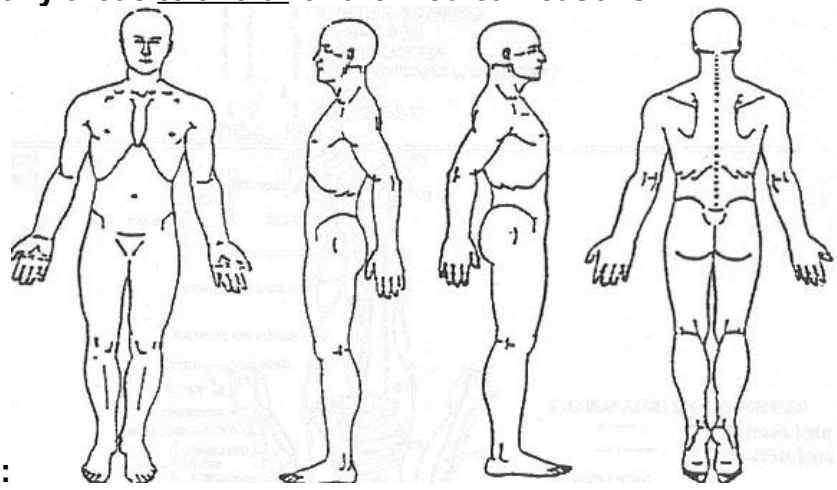
Have you received a professional massage? Circle: Yes/No

If Yes, date of most recent massage: _____

On the diagram, please indicate areas where you would like the massage therapist to focus on:



Please list any areas to avoid for the medical reasons you listed on this form:



I understand that the massage therapist does not diagnose illness. I agree that I will participate in receiving a massage that entails the mobilization of soft tissue, which may include skin, fascia, tendons, ligaments, and muscles, for the purpose of relaxation**. I understand that a 24-hour cancellation notice prior to my appointment is required.**

I also acknowledge that I have advised the massage therapist of any physical conditions I have or may have that could be affected by having a massage. On behalf of myself, or any agents acting on my behalf, I hereby waive, release, and forever hold harmless Claudia's Body and Skin Care Center, its employees, volunteers, and all other persons or entities involved from any and all claims. I also understand that this is an ethical massage.

Print Name: _____ Signature: _____ Date: _____