

Date: \_\_\_\_\_

## Be. Massage Therapy & Bodywork, LLC

### Health History Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Cell or work) \_\_\_\_\_

Email: (for email reminders and e-news only) \_\_\_\_\_

Emergency Contact (name and phone number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever had a professional massage:      Yes      or      No      (Circle One)

If yes, how long ago was your last massage? \_\_\_\_\_

If yes, what type of pressure do you prefer (Circle one):      Light      Medium      Deep (extra charge)

Is there anything you've liked or disliked about previous massages? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Be. Massage Therapy & Bodywork, LLC? \_\_\_\_\_

Please check all that apply and give a brief explanation if applicable.

\_\_\_ high/low blood pressure

\_\_\_ pins/plates/screws

\_\_\_ hearing loss

\_\_\_ TMJ issues

\_\_\_ hemophilia/clotting issues

\_\_\_ skin conditions

\_\_\_ heart attack/stroke

\_\_\_ vertigo

\_\_\_ warts

\_\_\_ heart disease or condition

\_\_\_ varicose veins

\_\_\_ impetigo

\_\_\_ osteoporosis

\_\_\_ headaches/migraines

\_\_\_ athlete's foot

\_\_\_ diabetes

\_\_\_ bursitis

\_\_\_ decreased sensation

\_\_\_ arthritis

\_\_\_ allergies

\_\_\_ numbness/tingling

\_\_\_ chill easily

\_\_\_ fibromyalgia

\_\_\_ recent surgery

\_\_\_ hot flashes

\_\_\_ pregnant

\_\_\_ recent injury

\_\_\_ swelling/edema

\_\_\_ cancer

\_\_\_ open sores or wounds

\_\_\_ blood clots

\_\_\_ bruise easily

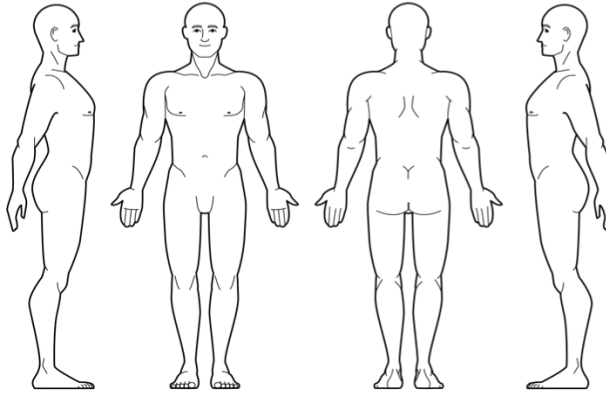
\_\_\_ depression/anxiety/PTSD

\_\_\_ muscle/joint pain

\_\_\_ digestive issues

Please explain any condition you have marked above/explain any condition not listed above: including serious or chronic illness, operations, or traumatic accidents: \_\_\_\_\_

Please mark the area(s) in the diagram where you are having pain or discomfort: Let us know if you would like any of these areas focused on or avoided:



We have expanded our sanitization protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions. I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and I understand that Be. Massage Therapy & Bodywork, LLC and my massage therapist cannot be held liable for any exposure to the virus or any other communicable condition.

I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. If I experience any pain or discomfort during this session, I will immediately inform the massage therapist so that the pressure may be adjusted to my comfort level. It is my responsibility to keep the massage therapist updated on medical changes and I understand that there is no liability on the massage therapists' part, or the business Be. Massage Therapy & Bodywork, LLC.

I also understand that any illicit or sexually suggestive remarks will result in immediate termination for the session and I will be liable for full payment and the police will be notified. Lastly, in consideration of the massage therapist's schedule, I understand I must give 24 hours' notice of cancellation or I will be charged for the session.

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_