The Great Escape Day Spa ~ Mollie Roberts LMT
Health History Form

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Phone Number (home) _____ (work) _____ (cell) _____
Emergency Contact _____ (Number) _____
** Email Address _____

Please check ALL of the following conditions that currently apply to you:

- ☐ Acute Infection
- ☐ Acute Injury
- ☐ Allergies
- ☐ Anxiety
- ☐ Arthritis
- ☐ Autoimmune Disorder
- ☐ Athlete's Foot
- ☐ Bruising/Bruise Easily
- ☐ Cancer
- ☐ Cold/Flu
- ☐ Chronic Back Pain
- ☐ Depression
- ☐ Diabetes
  - ☐ Insulin Dependent?
  - ☐ Decreased Sensation?
- ☐ Digestive Concerns
- ☐ Dizziness
- ☐ Edema
- ☐ Epilepsy/Seizures/Convulsions
- ☐ Fatigue
- ☐ Fibromyalgia
- ☐ Headaches
- ☐ Heart Condition
- ☐ Herniated Disc
- ☐ High/Low Blood Pressure
- ☐ Infectious Disease
- ☐ Insomnia
- ☐ Loss of Range of Motion
- ☐ Muscle Spasms
- ☐ Muscle Tension
- ☐ Numbness or Tingling
  - ☐ Location _____
- ☐ Osteoporosis
- ☐ Pain
- ☐ Phlebitis/Thrombosis
- ☐ Pregnancy
  - ☐ _____ # Weeks
- ☐ Skin Condition/Rash
- ☐ Stiff Neck/Shoulders
- ☐ TMJ
- ☐ Varicose Veins

The following information will be used to help plan a safe and effective massage session. Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? _____
   If YES, how often do you receive massage therapy ? _____
2. Do you have any difficulty lying on your Front, Back, Side ? _____
   If YES, please explain _____
3. Do you have any allergies to Oils, Lotions, or ointments ? _____
   If YES, please explain _____
4. Please list any medications you currently take: _____
   _____
5. Are there any areas you would like me to avoid/pay more attention to ? _____
   If YES, please explain _____
6. What are your goals for this massage session ? _____
   _____

Please take a few minutes to read the following and sign below. Thank you!

I understand that the massage/bodywork I receive is provided for the purpose of relaxation and relief of muscular tension. If I experience pain or discomfort during the session, I will immediately inform the massage therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical treatment. I understand that massage/bodywork massage therapist are not qualified to diagnose, prescribe or treat physical or mental illness and that nothing said in the course of the session given should be construed as such.

Because massage/bodywork should not be performed under certain conditions,

- I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.
- **I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled session.**
- **I understand that if I cancel an appointment within 24 hours of the scheduled appointment time, I am responsible for payment of half of the session.**

Client _____ Dated _____

Massage Therapist _____ Dated _____