

re·ju·ve·nate

verb | ri-`jü-və-nāte\; to make young or youthful again.

-renewal for the **skin, mind, and body.**

MASSAGE MEDICAL HISTORY

Client Name: _____ **DOB/Age:** _____/_____

Occupation: _____ **Marital Status:** _____ **# of Children** _____

Current Medications (list vitamins, birth control pills, minerals as well):

Check any that apply:

___ **Allergies:** _____

___ **High Blood Pressure** ___ **Low Blood Pressure** ___ **Cancer:** _____

___ **Diabetes: Do you take insulin: Y N** ___ **Low Blood Sugar** ___ **Low Thyroid**

___ **Phlebitis** ___ **Headaches: Frequency?** _____

___ **Arthritis (include gout): Where/how long?** _____

___ **Back Pain: Due to injury?** _____

List any surgeries:

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Do you experience:

___ **Fatigue: Explain:** _____

___ **Depression: Explain:** _____

___ **Anxiety: Explain:** _____

List Primary Stresses: _____

List any other disorders: _____

Are you _____ physically active _____ Moderately Active _____ Inactive

When was your last physical exam? _____

What do you hope to achieve through receiving your massage?

I _____ (client)

- Will inform my therapist of any unusual sensation or discomfort, or areas that I do not want touched; so the application and type of pressure may be adjusted to my comfort;
- Understand I can ask my therapist about the potential benefits, possible side effects and contraindications of my therapy;
- Have stated all my known physical conditions, medical conditions and medications. I will inform my therapist of any changes in my health status and any new medication added in the future;
- Understand there is no implied or stated guarantee of success or effectiveness of treatments or series of appointments;
- Acknowledge that any services at Rejuvenate are not a substitute for medical care or medical examination;
- Understand that a therapist does not diagnose or prescribe
- I have completed the read this form. I hereby give my permission to receive services at Rejuvenate.

Signature: _____ Date: _____