Keira McMahon, NCTMB
Nationally Certified in Therapeutic Massage & Bodywork
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Confidential Health History

Name_____ **Date**_____
LAST FIRST M.I.

Address_____
STREET CITY STATE ZIP

Phone (H) _____ **(C)**_____ **Date of Birth** _____

Email Address_____

How did you hear about me? _____ **May I add you to my mailing list? Y or N**

Have you ever had massage or bodywork before? Y or N If so, how often? _____

What, if any, exercise do you do? _____

What is your occupation? _____

Are you currently taking any medications? Y or N For what? _____

Have you ever broken a bone? Y or N If yes, please explain _____

Have you ever had surgery? Y or N If yes, please explain _____

What are the current stresses in your life? _____

Have you had, or do you currently have, any of the following?
(Please check all that apply. Please use the back of this sheet to provide further information.)

___Contact Lenses	___Low back pain	___ Headaches	___ Cancer
___Allergies/Sinus	___Neck Pain	___TMJ	___ Stroke
___Asthma	___Chronic Pain	___Grind Teeth	___ HIV
___Dizziness/Fainting	___Pain with Movement	___Circulatory Problems	___ Herpes
___Seizures/Convulsions	___Loss of Movement	___Varicose Veins	___ Chickenpox
___Epilepsy	___Spasms/Cramping	___Bruise Easily	___ Plantar Warts
___Osteoporosis	___Numbness/Tingling	___High/Low Blood Pressure	___ Athlete's Foot
___Fibromyalgia	___Arthritis	___Heart Condition	___ Open Cuts/Wounds
___Sciatica	___Whiplash	___ Diabetes	___ Pregnant

YOUR SIGNATURE BELOW INDICATES YOUR COMPLIANCE WITH THE FOLLOWING POLICIES:

CANCELLATIONS OR NO SHOW: If you need to cancel your session, 24 hours notice is required. If proper notice is not given, you will be charged a $30 cancellation fee. If I need to cancel within 24 hours of the session, you will receive a complimentary session for your next appointment. **SESSION TIME:** Sessions begin and end at scheduled times. Sessions begun late due to client arriving late end at appointed time and are full price. If I arrive late, I will apply the missed time to your next session. Session time may include pre-treatment interview, as well as post treatment follow-up with self-care suggestions. **SCOPE OF PRACTICE:** Massage Therapy is a hands-on approach to restoring and enhancing health by removing imbalances and tension in muscles and other soft tissues connecting your entire body. I do not diagnose or treat medical conditions. I work closely with any referring doctor and integrate his or her information into my evaluations. I happily refer clients to other qualified professionals if they have a need for additional health services. **CONFIDENTIALITY:** All health information or personal conversation during a massage is strictly confidential. This information will only be released with the client's written consent or if legally subpoenaed.

Signed_____ **Date**_____