**McMahonMassage.com/Keira McMahon, LMT, BCTMB**
***Board 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?** _____

**Do you have any of the following?**
**(Please check all that apply. Please use the back of this sheet to provide further information.)**

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