Heart In Hands Massage and Wellness, LLC

Confidential Client Information and Health History

Name:	Date:
Address:	Weight (if over 350 pounds):
	D.O.B. & Age:
City:	Email:
State & Zip:	Preferred Phone:
Emergency Contact Name:	Emergency Phone:

Medical Information: Please check all that apply, list medications, and explain when appropriate.

□ Circulatory Problems	□ Arthritis □ Osteo □ Rheumatoid
□ Heart condition	□ Osteoporosis
□ Blood pressure- □ high □ low	□ Diabetes □ Type I □ Type II
□ Hemophilia	□ Infections
□ Blood clots/Phlebitis	□ Communicable diseases
□ Varicose Veins	□ Eliminatory Problems
□ Edema □ Lymphedema	□ Immune system deficiencies
□ Respiratory Problems	□ Pain (joint, muscle, disc, etc.)
□ History of strokes	□ Skin Issues (bruises, acne, etc.)
□ Convulsions/Seizures	□ Wear Dentures/Removable Bridgework
□ Headaches □ Migraines	□ Wear Contact Lenses
□ Insomnia	□ Allergies (nuts, scents, etc.)
□ Thyroid □ Hypo □ Hyper	□ Digestive Problems
□ Fibromyalgia/Lupus	□ Cancer (type, dates, surgeries)
□ PTSD- Known triggers	
□ Date and type of most recent surgery	
□ Other that may be applicable	
□ **List all medical restrictions:**	

Who is your Employer? _____

What is your job or profession? _____

Are you currently under the care of a medical doctor, chiropractor, or therapist? If not, when was your last physical? _____ If so, what for? _____

Please indicate activities that you are involved with at home and work on a regular basis.

□ standing	□ walking	□ driving	□ desktop □ laptop
□ lifting	□ sitting	□ detail oriented	□ travel away from home
□ writing	□ on the phone	□ cleaning	□ exercise/frequently moving
□ other			
□ stress level at home: □ high □ med. □ low		□ stress level at work: □ high □ med. □ low	
□ environment at home:		□ environment at work:	

Please indicate any daily activities that are more difficult or painful than they used to be.

□ standing	□ walking	□ driving	□ turning your neck □ L □ R
□ lifting	□ sitting	□ laying down	□ moving your arm □ L □ R
□ typing/writing	□ bending over	□ getting in/out of a chair	□ moving your legs □ L □ R
□ other			