



wholebody solutions

nutrition • chiropractic • acupuncture • massage • skin care

Name: _____ Age: _____ Date: _____

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ E-mail: _____

Address: _____

Referred by: _____

Reason for seeking massage: _____

Surgery: Type/Date: _____

Seizures/Convulsions

Sleep Problems

Muscle Injury/pain

Numbness

Hormone Problems

Arthritis, Bursitis, Tendonitis?

Circulatory Problems

Infections, strep, etc.

Respiratory Problems

Cold Hands or Feet

Blood Pressure Problems

Allergies

Skin Problems

Thyroid Problems

Headaches

Intestinal Problems? Diarrhea? Constipation?

Blood Sugar Problems High Low

Inflammation

Urination/Bladder Problems

Impotence/Infertility

Digestive Problems, Nausea

Rheumatic Diseases

OB-GYN Problems

Pregnancy

Cardiac Problems

Hair Problems

Sinus congestion

Ear/Hearing Problems

Tooth/Gum Problems

Vision Problems

Chronic Pain

All of the information provided below will remain strictly confidential. For certain medical conditions or symptoms, massage may be contraindicated. In such cases a referral from your primary care provider may be required prior to a session.

Have you received a professional message? _____ How recently? _____

Under State Law, any patient under the age of 18 must provide written permission to receive massage services, of either a parent or guardian, who must be present in the room while services are provided. The parent or guardian can waive this requirement in writing.

Check box if you would like to waive the requirement of being present in the room.

I authorize the Massage Therapist to perform therapeutic massage. I understand that this therapy and treatment involves hands-on applications to and manipulation of the parts of my body associated with the condition being treated. This treatment may include massage to certain sensitive parts of the anatomy. This permission form applies to subsequent visits and consultations.

Signature: _____

Print Name: _____ Date: _____

(If patient is under the age of 18 signature of Parent or Guardian is required.)