



# CLIENT HISTORY FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Print Name: \_\_\_\_\_

Gender: Female  Male  Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Primary Reason for visit: \_\_\_\_\_

Previous Experience with massage: \_\_\_\_\_

Amount of pain today: *please circle one* 0 1 2 3 4 5 6 7 8 9 10  
(no pain) (unbearable pain)

Are there any activities that make your current pain or limitations feel better or worse? If so, what are they? \_\_\_\_\_

Are you under a medical practitioner's care for any of your concerns? Yes \_\_\_\_ No \_\_\_\_

Are there any areas of your body you do NOT want to have massage performed on today? Please mark them.

Head/Neck/Face    Upper Chest    Arms/Hands    Abdomen    Legs    Feet    Hips    Back

Are you Pregnant? Yes \_\_\_\_ No \_\_\_\_

Do you have any difficulty lying on your front, back or side? Yes \_\_\_\_ No \_\_\_\_

If so explain: \_\_\_\_\_

Do you have any allergic reactions to oils, lotions, ointments, or other substances put on your skin? Yes \_\_\_\_ No \_\_\_\_

If yes explain: \_\_\_\_\_

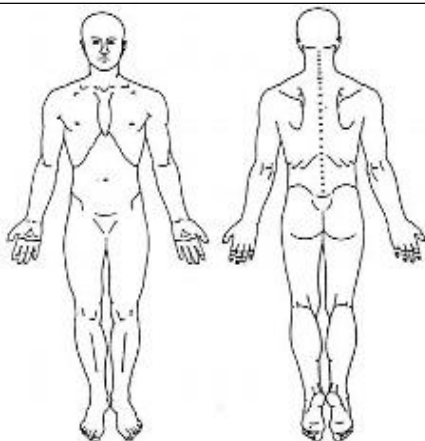
Are you currently taking any medications, supplements, or herbal remedies? Yes \_\_\_\_ No \_\_\_\_

If yes explain: \_\_\_\_\_

Have you had any recent injuries or surgeries? Yes \_\_\_\_ No \_\_\_\_

If yes explain: \_\_\_\_\_

**Please mark the diagrams with the areas that are of concern to you.**



How were you referred to our Student Massage Clinic?  
Family / Friend  
Name: \_\_\_\_\_  
Facebook  
Internet search  
Dorsey Schools website  
Student referral  
Other \_\_\_\_\_

## HEALTH HISTORY

Check the following conditions that apply to you, both past and present. Please add your comments to clarify the condition.

**Musculoskeletal**

Arthritis  
 Back/Hip Pain  
 Bursitis  
 Fractured/Broken Bones  
 Headaches  
 Jaw Pain/TMJ  
 Leg/Foot Pain  
 Osteoporosis  
 Problems Walking  
 Spasms/Cramps  
 Strains/Sprains  
 Tendinitis  
 Other (List below)

**Skin**

Allergies  
 Athlete's Foot  
 Moles  
 Psoriasis  
 Rashes  
 Warts  
 Other (List below)

**Reproductive System**

Endometriosis  
 Hysterectomy  
 Menopause  
 PMS  
 Pregnancy  
     Present    Past  
 Prostate Problems  
 Other (List below)

**Circulatory/Respiratory**

Allergies  
 Asthma  
 Blood Clots  
 Cold Feet/Hands  
 Fainting  
 Heart Conditions  
 High Blood Pressure  
 Low Blood Pressure  
 Shortness of Breath  
 Sinus Problems  
 Stroke  
 Swollen Ankles  
 Other (List below)

**Nervous System**

Chronic Fatigue Syndrome  
 Chronic Pain  
 Fatigue  
 Herpes/Shingles  
 Multiple Sclerosis  
 Numbness/Tingling  
 Paralysis  
 Sleep Disorder  
 Spinal Cord Injury  
 Other (List below)

**Other**

Alcohol Use  
 Allergies to Nuts  
 Caffeine Use  
 Cancer  
 Confusion  
 Depression  
 Difficulty concentrating  
 Drug Use  
 Fibromyalgia  
 Forgetfulness  
 Infectious Disease \_\_\_\_\_  
 Loss of Appetite  
 Nicotine Use  
 Surgeries \_\_\_\_\_  
 Other (List below)

**Digestive**

Colitis  
 Constipation  
 Crohn's Disease  
 Diabetes  
 Diarrhea  
 Diverticulitis  
 Irritable Bowel Syndrome  
 Other (List below)

Other Information: Please provide any additional comments/information regarding your health and well-being:

**INFORMED CONSENT AND WAIVER:**

I certify the above information is accurate to the best of my knowledge. I hereby give my consent to receive massage services and/or other bodywork from Dorsey School's Massage Therapy program students under instructor supervision. I understand the purpose of this session is to provide students the opportunity to practice hands-on skills and gain valuable experience; this session is not a medical treatment and is not a substitute for medical diagnosis, treatment, or examination. My health and safety with respect to such services are my own responsibility, and I agree to inform the student and instructor of any experience of pain during the session. I acknowledge that my receipt of services from Dorsey Schools includes potential risk of injury or harm, especially if I have neglected to release all health information necessary. I understand that my health history information provided is for safety purposes and will be kept strictly confidential, except for information used by Dorsey Schools for educational purposes among students and instructors. I understand the curtains may be open for instructor assistance and observation of massage therapy students. Dorsey Schools has the right to decline to provide services and to terminate a session at any time, for any reason. Inappropriate comments or conduct will not be tolerated, any indication of such will automatically end the session.

In exchange for receiving services from Dorsey Schools' Massage Therapy program, I and my heirs, executors, administrators, and personal representatives, hereby waive, release, discharge and hold harmless Dorsey Schools, its members, officers, employees, students, staff and all agents ("DORSEY SCHOOLS") from any and all liability from any and all injuries, including death, damages and/or claims relating to or resulting from my receipt of services now or in the future. I acknowledge that I have read and understand the release and indemnification provisions set forth in the preceding paragraphs and agree to such terms as binding.

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature (If client is a minor)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Massage Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Licensed Massage Therapist (Instructor) Signature

\_\_\_\_\_  
 Date