



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: _____

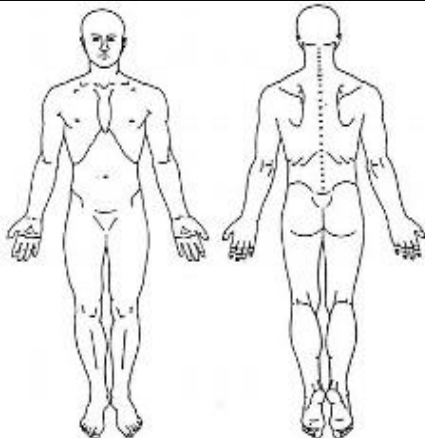
Are you currently taking any medications, supplements, or herbal remedies? Yes _____ No _____

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 College 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)

Nervous System

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

Reproductive System

Endometriosis
 Hysterectomy
 Menopause
 PMS
 Pregnancy
 Present Past
 Prostate Problems
 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)

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)

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 College'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 College 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 College for educational purposes among students and instructors. I understand the curtains may be open for instructor assistance and observation of massage therapy students. Dorsey College 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 College's Massage Therapy program, I and my heirs, executors, administrators, and personal representatives, hereby waive, release, discharge and hold harmless Dorsey College, its members, officers, employees, students, staff and all agents ("DORSEY COLLEGE") 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