ENERGIZE
Massage & Rossiter

HEALTH HISTORY INFORMATION

Name : _____ Date : _____ DD-MM-YYYY
Address : _____
City : _____ State: _____ Zip: _____ DOB: _____
Email: _____ Home Phone: _____ Cell/Work: _____
Preferred Appointment Reminder(s): ☐ Email ☐ Text, List Cell Phone Provider: _____
How did you hear about us? (List referrer's Name) : _____
Reason for your massage treatment today? _____
Have you received massage therapy before? ☐ Yes ☐ No
If Yes, how long ago? _____
What type of exercise do you do weekly? _____
_____
Occupation/Employer: _____
Emergency Contact: _____ Phone: _____
Physician: _____
Chiropractor: _____
Are you currently under any medical supervision? If so, please explain:
_____
Are you currently taking any medication? If yes, please list:
_____
_____
Please list any accidents, injuries and/or major surgeries?
_____
_____

Please check any symptoms presently or recently experienced.

- ☐ Acne
- ☐ AIDs (HIV)
- ☐ Allergies
- ☐ Arthritis
- ☐ Athlete's Foot
- ☐ Back Pain/Tension
- ☐ Blood Disorder/Clots
- ☐ Osteoporosis
- ☐ Active Cancer/Tumor
- ☐ Bruise Easily
- ☐ Constipation
- ☐ Depression/Anxiety
- ☐ Diabetes
- ☐ Thyroid Disease
- ☐ Fibromyalgia
- ☐ Migraines/Headaches
- ☐ Heart Disease
- ☐ High/Low Blood Pressure
- ☐ Hives/Shingles
- ☐ Joint Problems
- ☐ Kidney Disease
- ☐ Lung Disease
- ☐ Jaw Clenching/Teeth Grinding
- ☐ Numbness/Tingling
- ☐ Multiple Sclerosis/Parkinson's Disease
- ☐ Psoriasis/Eczema
- ☐ Scoliosis
- ☐ Sprain/Strain or Dislocation of a Joint/Muscle
- ☐ Stroke
- ☐ Varicose Veins
- ☐ Sensitivity to Scented Oils/Lotions
- ☐ Other _____

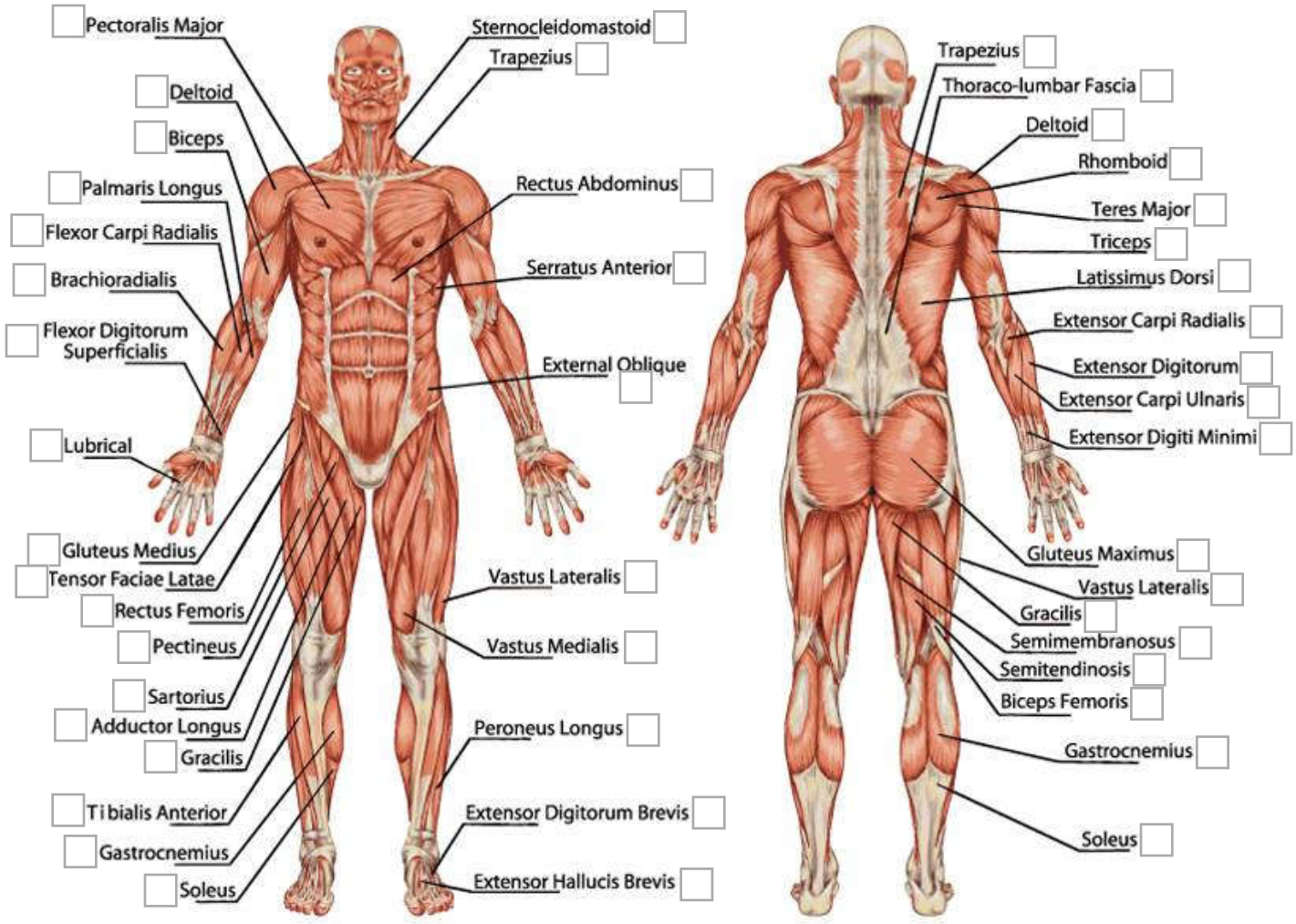
Pregnancy

Term: ☐ 1 ☐ 2 ☐ 3
How many weeks?
Do you have any of the following:
☐ Physician's Approval
☐ Preeclampsia/Toxemia
☐ Premature Labor Symptoms

OFFICE USE ONLY

☐ **SB** ☐ **Referral Email** ☐ **Form Scan**

LMT: _____



Please place an "X" above on the areas of tenderness or discomfort.

Indicate if you want any of the following body parts massaged during the session.

☐	Yes	☐	No	Upper Pectoral Muscles	☐	Yes	☐	No	Face
☐	Yes	☐	No	Abdominal Muscles	☐	Yes	☐	No	Scalp
☐	Yes	☐	No	Feet	☐	Yes	☐	No	Glutes

Consent for Treatment:

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexual suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I understand Energize Massage and Rossiter, LLC therapists do not do breast massage. I understand I may undress to my comfort level. I will be properly draped, meaning covered with a sheet and/or blanket at all times. The therapist will only uncover the part of the body that is being worked on during the massage session. I understand I may end the session at any time if I feel uncomfortable for any reason. I agree to update my therapist if I wish to update any areas I consent to have massaged during my sessions. If I am under the age of 18, my parent or guardian must sign the minor consent and must be present in the room during my massage session. I understand I will need to provide a 24-hours' notice if I need to cancel or reschedule my appointment. This is required in order to avoid being charged for the session. The full amount of the session will be charged for less than 24-hours'notice or a no show. Please understand our therapists may have turned away other clients to hold an appointment for you and incur lost income when they do not have the opportunity to fill an open appointment time. I understanding all of this and I give my consent to receive care.

Client Signature:_____ Date: _____
DD-MM-YYYY

Parent/Guardian Signature (in case of a minor): _____ Date: _____
DD-MM-YYYY

Reset < Press this button to reset the form

Energize Massage & Rossiter, LLC 7254 E. Southern Ave. #111 Mesa AZ 85209