

GUEST HEALTH & WELLNESS HISTORY

Name _____ Date _____

Part A Massage & Bodywork

Have you ever had a professional massage? Yes No How often? _____

Any experience with alternative/holistic care? Yes No How often? _____

List any allergies to oils, lotions or scents. _____

Is there anything you would like to know more about in regards to wellness? _____

Part B Medical History

Are you currently under the care of a physician or specialist? Yes No

Reason? _____

May we contact your physician/doctor? Yes No

Physician Name _____ Phone _____

Are you taking medications, including over the counter? Yes No

List names of medications here. _____

List any allergies you have, including food allergies. _____

Please indicate any conditions that apply to you by writing the date and frequency of condition.

Musculo-Skeletal System

Osteoporosis _____

Broken/Fractured Bones _____

Arthritis _____

Sprains/Strains _____

Back Pain _____

Headaches _____

Spasms/Cramps _____

TMJ dysfunction _____

Other _____



Take care and live well!

Circulatory/Respiratory System

Heart condition _____
Varicose Veins _____
High/Low Blood Pressure _____
Blood clots _____
Asthma _____
Sinus Problems _____
Other _____

Nervous System

Headaches _____
Numbness/Tingling _____
Fatigue _____
Sleeping disorder _____
Depression/Anxiety _____
Other _____

Skin

Allergies _____
Psoriasis _____
Eczema _____
Dermatitis _____
Fungus _____
Other _____

Miscellaneous

Autoimmune Disorders _____
Cancer _____
Diabetes _____
Other _____

Digestive System

Abdominal pain _____
Nausea _____
Bloating _____
IBS _____
Other _____

Women-Related

Are you expecting? _____
How many weeks? _____
Due Date? _____
PMS _____
Other _____

Part B Acknowledgement & Consent

I understand that massage therapy and bodywork provided by Irie Wellness, Ltd. Is intended to provide stress relief, reduce pain caused by muscle tension, increase range of motion, improve circulation, and balances the energy systems. The benefits of massage, possible contraindications of massage and treatment procedure have been explained to me. I understand that massage therapy and bodywork is not a substitute for medical treatment and it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist do not diagnose illness or disease, does not prescribe medications, or practice spinal manipulations,

I, _____, have informed my massage therapist of any physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes.

Client Signature _____ Date _____

If minor, Guardian Signature _____ Date _____