

HEALTH INFORMATION

Are you frequently stressed? Y N

Have you had any broken bones in the past 2 years? Y N If yes, where? _____

Do you experience frequent headaches? Y N

Have you had any surgeries in the past 2 years? Y N _____

Are you diabetic? Y N If yes, are you taking Medication? _____

Do you have high blood pressure? Y N
Do you take medication? _____

Please list any other medical conditions or medications that I should know about.

Are you pregnant? Y N

Do you have any joint swelling? Y N

Do you have osteoporosis? Y N

Do you have varicose veins? Y N

What are your goals for your massage session? _____

Please mark an x where you normally feel pain or discomfort-

