

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

**Musculo-Skeletal**

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains and sprains
- Back, hip pain
- Shoulder, neck, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems walking
- Jaw pain/TMJ
- Tendonitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone or Joint Disease
- Fibromyalgia
- Other \_\_\_\_\_

**Circulatory and Respiratory**

- Dizziness/lightheadedness
- Shortness of breath
- Fainting
- Cold feet or hands
- Lymphedema
- Swollen ankles
- Pressure sores
- Varicose veins
- Blood clots
- Stroke
- Heart condition
- Cerebral Palsy
- Sinus problems
- Asthma
- High Blood Pressure
- Low Blood Pressure
- Diabetes
- Other \_\_\_\_\_

**Skin**

- Rashes
- Allergies
- Athlete's Foot
- Warts
- Moles
- Acne
- Cosmetic Surgery
- Other: \_\_\_\_\_

**Digestive**

- Nervous stomach
- Indigestion
- Constipation
- Diarrhea
- Diverticulitis
- Irritable Bowl Syndrome
- Crohn's Disease
- Adaptive aids
- Other \_\_\_\_\_

**Nervous System**

- Numbness/tingling
- Twitching of face
- Fatigue
- Chronic pain
- Sleep Disorders
- Ulcers
- Paralysis
- Herpes/shingles
- Spinal cord injury
- Epilepsy
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease
- Other: \_\_\_\_\_

**Reproductive System**

- Pregnancy:  
 Current  Previous
- PMS
- Menopause
- Pelvic inflammatory disease
- Endometriosis
- Other: \_\_\_\_\_

**Other**

- Cancer  current  remission
- Diabetes
- Depression
- Drug Use \_\_\_\_\_
- Alcohol Use \_\_\_\_\_
- Nicotine Use \_\_\_\_\_
- Caffeine Use \_\_\_\_\_
- Hearing Impairment
- Visual Impairment
- Infectious Disease \_\_\_\_\_

Surgeries: \_\_\_\_\_

Please list any additional comment regarding your health and well being: \_\_\_\_\_

All of the above information is correct to the best of my knowledge. I realize that this session is not intended to diagnose or treat any condition that I may have, and is purely for therapeutic purposes. I will not hold the Massage Therapist liable for any exacerbated condition that was not disclosed in the above questionnaire.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_