Howard Northrup, LMT

Confidential Health Intake Form

MA# 35627

Name _____ Appointment _____

Street Address _____ **City**_____ **State**_____ **Zip**_____

Home Phone _____ **Cell phone** _____

E-mail address _____ **Birth date** _____ / _____ / _____

Regarding appointments & special offers, may I send you email messages? Yes / No **Text messages?** Yes / No
Would you like to learn natural health tips by receiving my email newsletter, *Wellness Tips*? Yes / No

Medical History and Information

Certain medical conditions may be contraindicated for massage or may need physician's approval.

Please check all that currently apply or have applied in the past 5 years:

( ) Stress	( ) TMJ (jaw)	( ) Pinched Nerves	( ) Loss of Smell
( ) Anxiety	( ) Chronic Fatigue Syndrome	( ) Muscle Spasms	( ) Loss of Taste
( ) Insomnia	( ) Diabetes	( ) Shoulder Tight	( ) Ulcers
( ) Depression	( ) Tuberculosis	( ) Shooting Neck Pain	( ) Indigestion
( ) Fibromyalgia	( ) Kidney Trouble	( ) Loss of Balance	( ) Intestinal Gas
( ) Migraines	( ) Liver Function Problem	( ) Dizziness	( ) Constipation
( ) Headaches	( ) Sudden Muscle Pain	( ) Bulging Disk	( ) Hay Fever
( ) Heart Attack	( ) High Blood Pressure	( ) Herniated Disk	( ) Sinus Trouble
( ) Chest Pain	( ) Low Blood Pressure	( ) Swollen Joints	( ) Anemia
( ) Cancer	( ) Pacemaker	( ) Swollen Ankles	( ) Cold Sweats
( ) Pregnant	( ) Numbness	( ) Nervousness	( ) Face Flushed
( ) Stroke	( ) Tingling	( ) Cold Hands or Feet	( ) Other:
( ) Asthma	( ) Varicose Veins	( ) Ringing in Ears	( ) Other:

Have you ever had a massage? _____ When was your last massage? _____

List major injuries/surgeries/conditions within last 5 years: _____

_____

List all prescriptions/herbs/vitamins currently taking: _____

_____

What is your main activity every day (check all that apply)? On phone___ Sitting___ Computer work___ Driving car___ Walking____

What movements or activities (if any) are limited? _____

What other treatments are you receiving and by whom (physician, acupuncture, physical therapy, chiropractic, naturopathic)?

_____

I am responsible for all charges for all services provided. I understand the benefits and risks of massage and give my consent for massage. I will consult my practitioner with any questions or concerns immediately. I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes. I understand that massage treatments are **not** substitutes for treatments by a qualified medical specialist. If I experience any discomfort during the massage, I will inform the therapist immediately. I waive any claim against the therapist and assume all risks of injuries that may result. I understand that any illicit or sexually suggestive remarks or advances will result in the **immediate termination** of the session.

Signature _____ Date _____