HEALTH HISTORY

ALL INFORMATION ON THIS CHART IS CONFIDENTIAL. PLEASE GIVE AS MUCH INFORMATION AS YOU CAN. THANK YOU.

Name_____ ***TODAY'S DATE ___/___/___***

Address_____

City_____ State_____ Zip_____

Phone_____Email_____

Employer/Profession_____

Height_____ Weight_____Date of Birth_____

Within the past year have you been under the routine care of a health care provider (physician, psychotherapist, chiropractor)? _____Yes _____No

If yes, name of practioner_____

Treated for_____

Have you visited any other massage practitioners? _____Yes _____No

Name_____Type of Massage _____

Describe any significant bodily injuries that you recall and when they occurred, especially those producing emotional trauma or injury to specific joints, muscles or bones _____

_____

_____

Please list any medications (prescription, supplements, herbal or over-the-counter) you currently take regularly:

_____

_____

Do you wear a hormone patch?_____ Nicotine patch?_____ Contacts?_____

Do you currently have any diagnosed conditions? ____Yes ____No
If yes, please explain:_____

_____

Check any present or past conditions:

□ Abdominal Pain	□ Diabetes	□ Pacemaker
□ Anemia	□ Diverticulitis	□ Paralysis
□ Arteriosclerosis	□ Emphysema	□ Phlebitis/Thrombosis
□ Arthritis	□ Heart Disease	□ Poliomyelitis
□ Asthma	□ Hernia/Rupture	□ Pregnant
□ Birth Control Implant	□ High Blood Pressure	□ Skin Disorder/Rash
□ Bruise Easily	□ Infectious Disease	□ Thyroid Problems
□ Cancer	□ Kidney Disease	□ Tuberculosis
□ Chest Pain	□ Urinary Disorder	□ Ulcers
□ Chronic Bronchitis	□ Liver Disorder	□ Varicose Veins
□ Depression	□ Nephritis	□ Other_____

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that Kindal Blattner-Buterin, LMBT does not diagnose illness and disease, does not prescribe medication and that spinal manipulations are not part of massage therapy.

I have informed Kindal Blattner-Buterin of all my known physical conditions, medical conditions, allergies, and medications, and I will keep them updated on any changes.
In order to respect other clients' time, your time begins on the appointed time you have made, and will end as agreed, including being late, consultation, and paperwork.

CANCELLATION AND NO-SHOW POLICY: Cancellation and rescheduling must be done 24 hours in advance. You may send someone in your place and/or I will try my best to fill your appointment. If your appointment can not be filled, you will be billed the full price of your massage. If you arrive late, you will receive massage for the remainder of your scheduled time.

For additional information regarding North Carolina Massage and Bodywork Therapy law, please visit the Board's website at www.bmbt.org or call (919) 546-0050. Thank you.

I have read and I understand the above information.

Sign Date