



# Sunstone Massage & Therapeutics

Confidential Health History Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you had a professional massage before? Yes / No. If yes, approximate date and reason of last massage.

Are you currently under medical, chiropractic, or therapeutic care? Yes / No.  
If yes, what condition(s) are being treated?

List any medications, supplements, over-the-counter drugs you are taking:

List (date/description) any accidents or surgeries:

Please circle any of the symptoms or physical problems listed below that you are currently experiencing or have experienced in the last 3 months:

- |                    |                     |                      |
|--------------------|---------------------|----------------------|
| Allergies          | High Blood Pressure | Pain                 |
| Arthritis          | Insomnia            | PMS                  |
| Blood Clots        | Joint Soreness      | Sinus Problems       |
| Cardiovascular     | Joint Stiffness     | Spinal/Disc Problems |
| Digestive Problems | Menstrual Problems  | Varicose Veins       |
| Nausea             | Muscle Spasms       | Depression / Anxiety |
| Fibromyalgia       | Numbness            | Addiction            |
| Headaches          | Sprain or Strain    | Other:               |
| Dizziness          | Fever               | _____                |

What do you hope to gain from this massage session? Pain Relief Tension Relief Relaxation

Where are you experiencing pain or tension?

Turn Page Over →

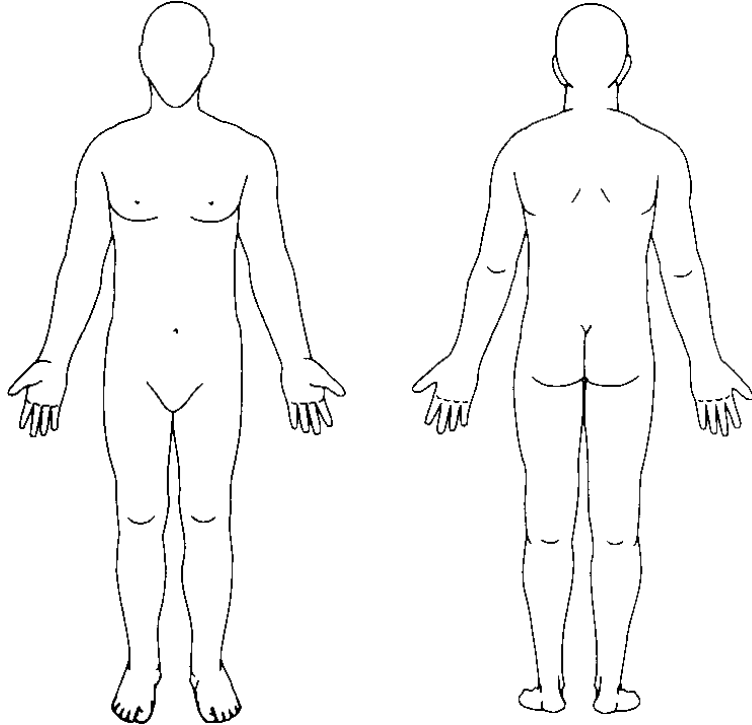
Do you have any skin conditions your therapist needs to be aware of? Yes / No. If yes, name the condition(s) below.  
Contagious? Yes / No

---

Are you wearing Contact Lenses? Yes / No

Women: Are you pregnant? Yes / No If yes, when is your due date? \_\_\_\_\_

Use these images to mark current areas or pain, tension or injury:



I \_\_\_\_\_, understand that massage is provided for the purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the massage therapist so the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage is not a substitute for medical examinations, diagnosis, or treatment and I should see a physician, chiropractor, or other qualified health care specialists for any mental or physical illnesses. Because massage should not be performed under certain medical conditions, I have stated all known medical conditions and answered all questions honestly.

(A parent or legal guardian must sign for children under 18 years of age.)

Interested on information on special offers and deals for future massages? Yes / No

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for choosing Sunstone Massage & Therapeutics.  
Questions? Ask your therapist!