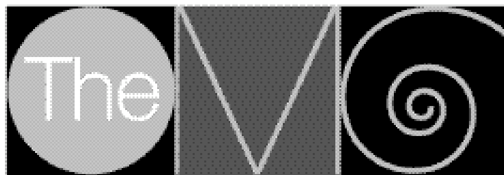

MEDICAL CONSENT FORM

Name ____

Address ____

City____________________ State________ Zip __________

Phone Home____________________ Work __________

Occupation ____

E-mail Address ____

❒ I would like information on Yoga/exercise classes

Today's Date ______ /______ /______

Birth Date ______ /______ /______

Male______ Female______ Height__________ Weight ________

Emergency Contact ____

His/Her Phone______________________________

Physician____

Date of Last Physical Exam ______ /______ /______

How did your hear about us? ______________________________

Problems you've observed - CHECK if occasional, CIRCLE if frequent or severe

HEAD & NECK

_______ Frequent headaches
_______ Neck pain/tightness
_______ Lumps or swelling
_______ Migraines
Other ____________________
____

EYES

_______ Wear Glasses
_______ Wear contacts
_______ Lasik ________ Date

MUSCULOSKELETAL

_______ Aching Muscles
_______ Fibromyalgia
_______ Aching Joints
_______ Arthritis
_______ Low back pain
_______ Sciatica
_______ Shoulder pain R/ L
_______ Thoracic Outlet Syndrome
_______ Spinal Curvature
_______ Painful feet
_______ Painful Wrists
_______ Carpal Tunnel
_______ TMJ
_______ Broken Bones (Which)
_______ Sprain/Dislocation
Other ____________________
____

DIGESTIVE

_______ Bloated stomach
_______ Constipation
_______ Loose bowels
_______ Ulcer/colitis
Other (Example: Diverticulosis, Irritable bowel)
____
____

REPRODUCTIVE/URINARY

_______ Currently Pregnant
_____ weeks
_______ Fertility Pregnancy
_______ High Risk/Complicated Pregnancy
_______ Menstrual Cramps
_______ Lump or pain in breast
_______ Kidney/bladder
_______ Prostate
_______ Painful urination
_______ Night urinary frequency
_______ Menopause
_______ Trying to get Pregnant
Other ____________________
____
____

RESPIRATORY

_______ Asthma / Bronchitis
_______ Easily out of breath
_______ Smoker
_______ **Diabetes**
Other ____________________
____

CARDIOVASCULAR

_______ **High blood pressure**
_______ **Low blood pressure**
_______ Swelling in feet
_______ Leg cramps
_______ Heart Disease (type)
_______ Stroke / CVA
_______ Stent / Shunt
Other ____________________

SKIN

_______ Bruise Easily
_______ Varicose Veins
_______ Open sores or cuts
_______ Skin Allergies
_______ Tender areas
Other ____________________
____

NERVOUS SYSTEM

_______ Difficulty in relaxing
_______ Difficulty in sleeping
_______ Tuberculosis
_______ Epilepsy
Other ____________________
____

BLOOD

_______ HIV
_______ Anemia
Other ____________________
____

OTHER

_______ **Tumor/Cancer** (where)
_______ **Breast Implants**
Approximate date ______

Injuries / Accidents ______________________________

Hospitalizations in the past 5 years ______________________________

Anything you feel we should know about? ______________________________

Currently taking medications? (Which) ______________________________

Which movements cause a problem ______________________________

Your Current Problem ______________________________

Is this your first massage? ______________________________

Why did you select massage therapy? ______________________________

What do you want to achieve from your massage today? ______________________________

Check frequent body positions or movements

_______ Standing _______ Stooping _______ Kneeling _______ Driving _______ Sitting _______ Bending _______ Lifting

_______ Sitting in one postition for more that six hours _______ Travel?

Are you currently participating in an exercise program? Sports? ______________________________

Describe your program/sport, frequency, duration ______________________________

I understand massage/bodywork is not a substitute for medical care and any information that is provided to me by the therapist is not diagnostic but for educational purposes only. I will, as much as possible, participate in my own healing. I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

Signature ______________________________ **Date** ______________________________

SESSION NOTES:	Therapist