Breit Touch Massage & Bodywork

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Health History Information

Name_____ Date____/____/____

Address_____ City _____ State_____ Zip_____

Date of Birth ____/____/____ Home Phone _____ Cell/Work_____

Email _____ Occupation _____

Emergency Contact _____ Phone _____

Physician _____ Chiropractor_____

Are you currently under any medical supervision? If so, please explain:_____

How did you hear about us? _____

Do you prefer a phone call, e-mail, and/or text message for your future reminders? _____

Please list any medications, vitamins, minerals, supplements, and other over the counter items you are taking:

_____

Please list any known allergies: _____

Please list any major surgeries and injuries you have had: _____

Is your injury related to a work or auto accident? ☐ Yes ☐ No Date of Accident:_____

What types of exercise/activities do you do regularly?_____

Have you received massage therapy before? ☐ Yes ☐ No

If Yes, how long ago?_____

What is your Reason for Treatment today?_____

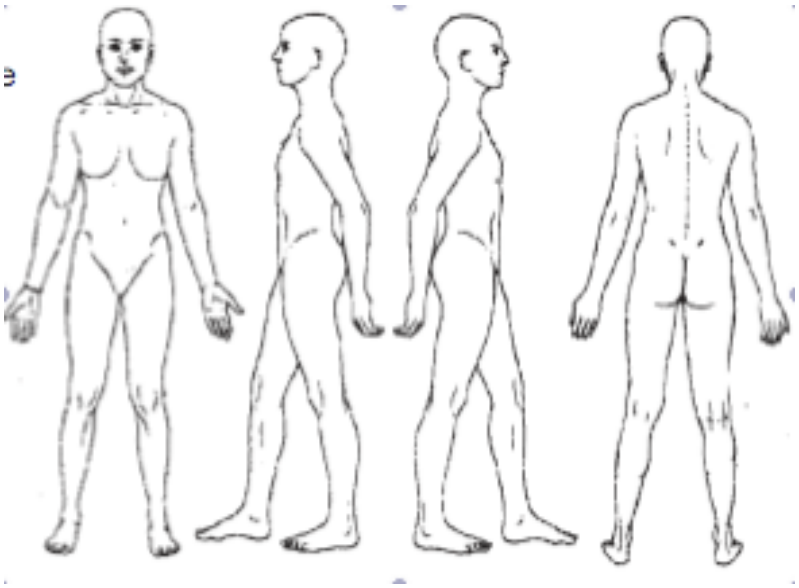
Current Health Information

Check any of following that apply to you presently or within the past 10 years

____ Acne
____ Aids
____ Athletes foot
____ Carpal Tunnel
____ Chronic Pain
____ Constipation
____ Depression/Anxiety
____ Eczema
____ Fibromylagia
____ Heart Disease
____ High/Low Blood Pressure
____ Joint/Back Problems/Tension
____ History of Blood Clots
____ Tobacco/Alcohol use? How often? _____
____ Arthritis: what type? _____
____ Cancer: what type? _____
in remission? ☐ Yes ☐ No
____ Diabetes: Type: _____
____ Fractures: where?_____
____ Headaches: how often? _____
____ Pregnancy (current) Weeks:_____ Term: 1 2 3
____ Kidney or Lung Disease
____ Sprain/Strain or Dislocation of a joint/muscle
____ Stroke Date:_____
____ Thyroid Disorder (hypo or hyper)
____ Other: _____

→Turn Over →

Please place an "X" below on the areas of tenderness or discomfort.



I understand that in the event that I am unable to provide 24-hour notice prior to my appointment, I may be charged a $25 fee. In the event that I miss a scheduled appointment I will be billed for the full session, at the current rate. Any check payments returned for NSF will be subject to an additional $25 fee.

I understand if I show up late for my scheduled appointment, that time will be deducted from my session & I will be charged for the full session.

I understand that a massage therapist cannot diagnose, treat, or prescribe any illness or disease, or any other medical, physical, or emotional disorder. I further understand that a massage therapist cannot perform spinal manipulations, as it is outside their scope of practice. Massage therapy is NOT a substitute for medical care and it is my responsibility to obtain medical care if I feel it is needed. Client records & transactions with the practitioner are confidential.

I understand the therapist has the right to refuse service to anyone & can stop a session at any time. The therapist reserves the right to charge for the session time, whether or not services were rendered.

Breit Touch provides professional therapeutic massage services - any inappropriate behavior, sexual or otherwise, will result in immediate termination of the massage session. The client will pay the full session price and be asked to leave immediately.

I have read, understand, and agree to the above statements. I also understand that it is my choice to receive manual therapy, and I give my consent to receive treatment. I have reported all health conditions that I am aware of and will inform my therapist of any changes in my health.

Signature _____ Date _____/_____/_____