

Confidential Client Information And Health History

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www.BYIMassage.com Dr. Rick Honea, ThD, CHT, LMT

Full Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (Home): _____ (Work): _____ (Cell): _____
Date of Birth: _____ Age: _____ Employer: _____
Occupation: _____ Emergency Contact: _____
Phone: _____ **Relationship:** _____ **Referred by:** _____
Marital Status: _____ **Email:** _____
How did you hear about us? Our Website Internet Newspaper Ad Yellow Pages
Family/Friend? (Who: _____ Other _____) Is this your
first professional massage? If no, how frequently do you get a massage? _____ What do
you hope to accomplish from today's massage? _____
Are you aware of any tension holding spots in your body? If yes, location(s) _____

Describe any surgeries, hospitalizations, accidents or injuries you have had in the last 10 years: _____

What kind of care did you receive for your accidents or injuries? _____
Do you feel that you have recovered from these events? _____ Please explain: _____
Do you have any chronic, ongoing pain that you deal with on a regular basis? _____ Please explain: _____

Describe what activities cause this pain and or makes it worse: _____
Are you receiving any other type of medical treatment? _____ Please explain: _____
Please list any medication (vitamins, herbs or pharmaceutical) taken now or at regular intervals (include
explanation of what medication is used to treat): _____

Are you currently under the care of a physician? _____ Whom? _____
Please list reason(s): _____
Are there any other health concerns you wish to discuss today? Yes / No If yes, please describe: _____

Are you currently experiencing any of the following conditions? Flu or Cold Inflammation
 Fever Infection Contagious Disease Other _____
Please check any of the following conditions below that currently affect you or that you have experienced
in the last 10 years. **Circle if condition being experienced now.**

Musculoskeletal

Arm/ Shoulder Pain
 Bursitis
 Carpal Tunnel Syndrome
 Cysts
 Fibromyalgia
 Gout
 Headache
 Hip Pain
 Leg Pain
 Low Back Pain
 Mid Back Pain
 Osteoporosis
 Osteoarthritis/Rheumatoid
 Plantar Fasciitis
 Postural Deviations
 Sciatica
 Scleroderma
 Spasms / Cramps
 Sprains / Strains
 Tendonitis
 Thoracic Outlet Syndrome
 TMJ Dysfunction

Circulatory

Anemia
 Blood Clots / Phlebitis
 Diabetes
 Heart condition
 Hemophilia
 Hypertension
 Low blood pressure
 Raynaud's Disease
 Varicose Veins
 Other
Digestive
 Colitis
 Crohn's Disease
 Diarrhea
 Gallstones
 Gas / Bloating
 Hepatitis
 Indigestion / GERD
 Irritable Bowel Syndrome
 Ulcers
 Other

Nervous System

ALS
 Bell's Palsy
 Multiple Sclerosis
 Neuritis
 Numbness/Tingling/Twitch
 Parkinson's Disease
 Seizure Disorders
 Spinal Cord Injury
 Stroke
 Trigeminal Neuralgia
 Other
Other
 Anxiety/Panic Attacks
 Bladder Infection
 Cancer (Stage: 1, 2, 3, 4)
 Chronic Fatigue
 Edema
 Grief Process
 HIV / AIDS
 Insomnia
 Kidney Disease
 Lupus

- ___ Torticollis
- ___ Whiplash Syndrome
- ___ Other

Respiratory

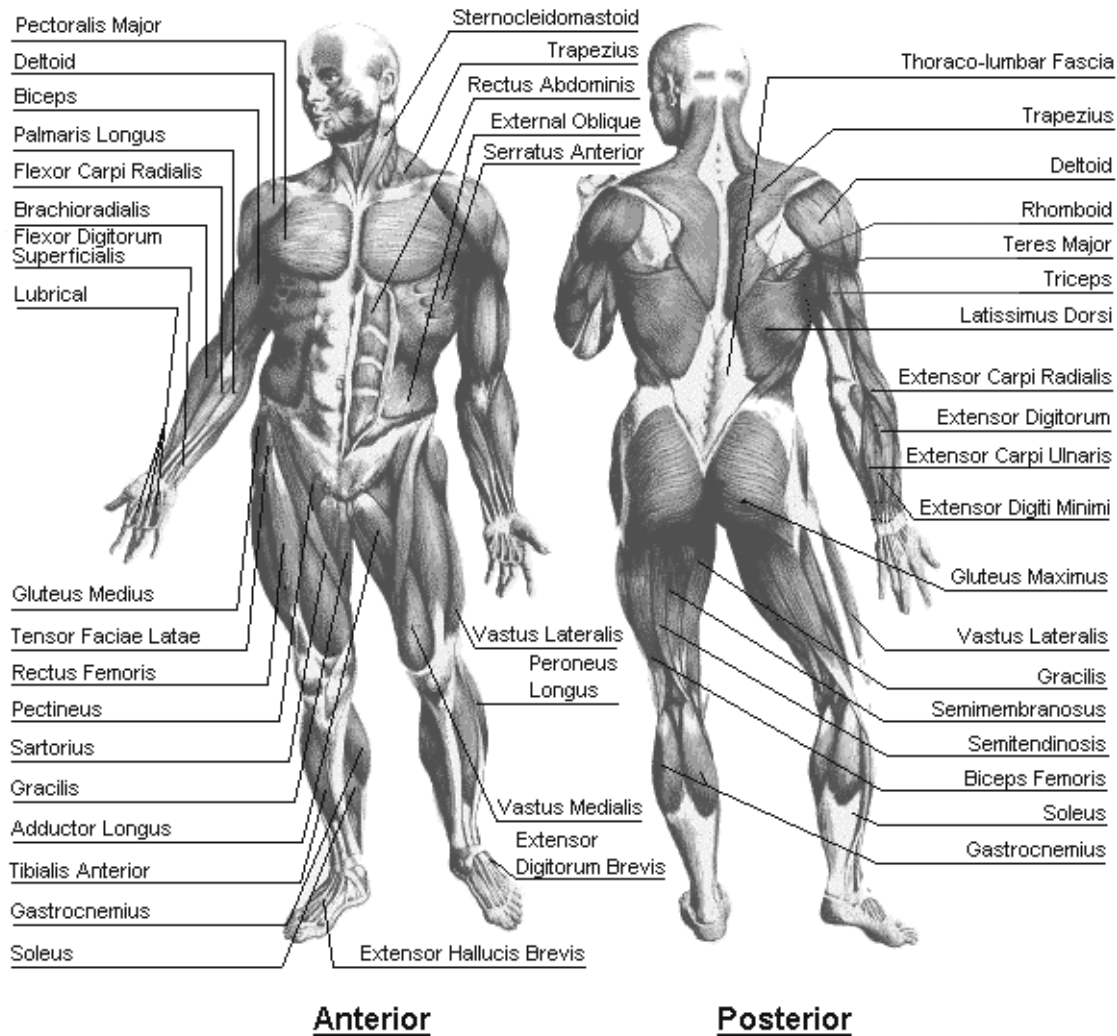
- ___ Asthma
- ___ Dizziness
- ___ Oxygen (liters: _____)
- ___ Pneumonia
- ___ Sinusitis

Skin

- ___ Athletes Foot
- ___ Dermatitis/Eczema
- ___ Fungal Infections - Acne
- ___ Impetigo
- ___ Psoriasis
- ___ Open Wound or Sore
- ___ Rashes
- ___ Warts / Moles

- ___ Trouble Breathing
- ___ Postoperative Situation
- ___ PMS
- ___ Sleep Apnea
- ___ Sore
- ___ Substance Abuse
- ___ Other _____
- ___ Other _____
- ___ Other _____

Please **CIRCLE** the area or areas where you experience pain or discomfort on the drawing below:



The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications, or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental, or emotional changes that occur with my health. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) will be charged in full for the price of the missed session. If you have requested a full body massage you acknowledge that everything except front lower genital region will be massaged.

Signature: _____ Date: _____