Health History Information

Surgeries _____

_____

Major illnesses/ hospitalizations _____

_____

Injuries or accidents still affecting you _____

_____

Please mark any of the following conditions you are currently dealing with, or have dealt with in the past. Mark with a **C** for Current, or **P** for Past. Please use the space next to each item for details when applicable. Leave blank if it doesn't apply to you.

__ tendonitis _____
__ bursitis _____
__ arthritis _____
__ broken bones _____
__ osteoporosis _____
__ sprains/strains _____
__ carpal tunnel _____
__ disc problems _____
__ whiplash _____
__ chronic tension headaches _____
__ migraines _____
__ head injury _____
__ heart condition _____
__ blood clots _____
__ varicose veins _____
__ high/ low blood pressure _____
__ sinus problems _____
__ allergies _____
__ asthma _____
__ emphysema _____
__ other _____
_____
_____

__ rashes _____
__ athletes foot _____
__ psoriasis/eczema _____
__ ulcers _____
__ irritable bowel syndrome _____
__ chronic constipation _____
__ kidney infections/disease _____
__ crohn's disease _____
__ fibromyalgia _____
__ cancer/ tumors _____
__ stroke _____
__ diabetes _____
__ hepatitis C _____
__ chronic fatigue _____
__ suppressed immune system _____
__ insomnia _____
__ depression _____
__ anxiety _____

For women only:
__ endometriosis _____
__ fibroids _____
__ pregnancy _____

I have stated all medical conditions that I am aware of and will update my therapist of any changes in my health. I understand that massage treatments are my personal financial responsibility and I agree to pay for these services at the time of treatment unless other arrangements have been made. **I will provide Caroline Brady LMT, with at least 48 hours notice if I need to cancel or reschedule an appointment. I understand that I will be charged in full for any appointment broken with less than 48 hours notice.**

Signed _____ Date _____