

BUFF'D WELLNESS

MICHELLE BUFFKIN, LMT, LE

Massage Therapy Health History Form

Name: _____ Phone: _____
Address: _____
E-mail: _____ Occupation: _____
Age: _____ Date of Birth: _____ () Female () Male (Tells me how you use your body)
How did you hear about me? _____
In case of Emergency: _____ Relation: _____ Phone: _____

Have you ever experienced a professional Massage or Bodywork session? Yes No When? _____
What is your main concern today for treatment? _____

Please explain the following in detail. (Location on body (Right/Left), date occurred, frequency, etc... from Birth):

yes no Do you have any allergies? _____
 yes no Do you have any contagious condition? _____
 yes no Have you ever been in an accident/suffered any injuries, broken any bones? _____

 yes no Do you have any scars, tattoos, or piercings? Where? _____
 yes no Are you under the care of a Physician? _____
 yes no Do you have cardiac or circulatory problems? Are you taking medication? _____
 yes no Do you have high/low blood pressure? Are you taking medication? _____
 yes no Do you have diabetes? Are you taking medication? _____
 yes no Do you suffer from epilepsy or seizures? Are you taking medication? _____
 yes no Do you experience headaches? How frequent? _____ Where? _____
 yes no Do you suffer from arthritis? Where? _____
 yes no Do you have aching, numbness, or stabbing pains anywhere? _____
 yes no Do you have trouble sleeping or staying asleep? How many hours do you sleep? _____
 yes no Are you pregnant? Or trying to become pregnant? _____
 yes no Do you have any other medical condition I should be aware of? _____

If you have a specific medical condition or symptoms, massage/bodywork may be contraindicated. A referral from your Primary Care Provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided for the relief of muscular tension and relaxation. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination or diagnosis, and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage or bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile. **And I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for the full payment of the scheduled appointment.**

Cancellation Policy

You are responsible for your appointments! Arrive 10min early. If you need to reschedule please do so ASAP, if less than 24 hours you may be charged \$50 or 50% whichever is greater. Within 2 hours or Fail to show/ without call, you will be charged the full amount. I fully understand and happily agree to these policies. _____ Initials

Client Signature: _____ Date: _____