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Personal Health History

Name

Date

Address

Referred by

Email

Date of Last Massage

How often do you receive massage?

Day Ph

Evening Ph

Goals for massage sessions:

Mobile Ph

Date of Birth

Emergency Contact

Ph

Check all that apply:

Musculoskeletal	Circulatory/Respiratory	Skin	Nervous/Endocrine
Low back, hip or leg pain	Heart condition	Allergies	Chronic pain
Neck, shoulder, arm pain	Varicose veins	Rashes	Fatigue
Headaches/head injuries	Blood clots	Acne	Sleeping disorder
Spasms or cramps	Aneurysm	Athletes foot	Numbness/tingling
Jaw pain/TMJ problems	Phlebitis	Warts	Herpes/shingles
Sprains/Strains	High blood pressure	Bruises	Diabetes
Tendentious	Low blood pressure	Other skin conditions	Thyroid problems
Bursities	Lymphedema	Gastrointestinal	Other
Broken/Fractured bones	Breathing difficulties	Diverticulitis	Cancer/tumors
Bone or joint disease	Sinus problems	Irritable bowel syndrome	Hernia
Arthritis (RA, osteo, etc)	Allergies	Constipation	Caffeine addiction
Lupus	Other circulatory/respiratory	Gas/bloating	Nicotine addiction
Fibromyalgia		Easting disorder	Drug/alcohol addiction
Other muscular/skeletal		Other GI problems	Infections disease(s)
			Other (explain below)

Please elaborate on items checked above. Include brief history of surgeries, severe illnesses and accidents (include year and treatment).

List current medications (include over-the-counter, *i.e.* aspirin, etc.)

Note relaxation and exercise activities and frequency

How do you generally feel? Are there areas where stress appears?

Release: I understand that my appointment time is reserved exclusively for me. I agree to provide 24 hours notice of cancellation or pay for the missed appointment. I have provided all pertinent information of which I am aware at this time. If conditions change, I understand that it is my responsibility to update the massage therapist. I understand that all information provided is confidential. I understand that massage therapists do not diagnose or prescribe treatments for neither physical nor mental disorders, prescribe pharmaceuticals, nor perform spinal thrust manipulations.

Signature

Date