Duke Medical Record # _____

Duke Integrative Medicine

Massage & Bodywork Client Information & Health History

All information shared will remain confidential

Name_____Date of Birth _____

Referred by _____ Occupation _____ Employer _____

Have you had professional bodywork before? YES NO

What brings you here today and what results would you like from your session? _____

_____

How do you relax? _____

_____

Please circle below to indicate any parts of your body that you ***do not*** want to be worked with:
Scalp Face Neck Shoulders Arms Hands Abdomen Upper Torso Back Buttocks Legs Feet

Medical History

Are you under the care of a medical professional or other health care provider? YES NO
If yes, for what?

_____

Have you had any accidents or injuries, been hospitalized or had surgeries? If yes, please list:

_____

What medications have you taken in the past 6 months:

_____

Are you involved in regular exercise or sports? If yes, please list type:

_____

List any chronic bodily discomfort that you have? If so, please describe.

_____

Do you have or have you ever had any of the following conditions/illnesses/problems?

- o Arthritis
- o Cancer
- o Circulatory problems
- o Diabetes
- o Heart condition
- o High/Low blood pressure
- o Spinal/Skeletal problems
- o Respiratory Problems
- o Elimination problems
- o Allergies/Asthma
- o Headaches
- o Depression
- o Anxiety
- o Fatigue
- o Insomnia
- o Dizziness
- o Skin disorders
- o Muscular Injuries/Disease
- o Neurological problems
- o Reproductive problems
- o Infectious disease
- o Stroke history
- o Pregnancy (delivery date)

Please describe your health condition(s) or any other concerns below:

_____

_____

Because a Massage Therapist must be aware of any existing conditions that I have, I have listed all of my known medical conditions and physical limitations, and I will inform my Massage Therapist of any changes in my physical health. I understand that a Massage Therapist does not diagnose any medical, physical or mental disorder, prescribe medication or perform any spinal manipulations. In general, I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension/spasm, improving circulation and/or facilitating greater bodily awareness for optimal mind, body, spirit functioning. I am responsible for consulting a qualified physician for any physical ailments that I might have. I freely assume any and all risks of treatment whether presently contemplated or hereinafter discovered.

Signature _____ Date _____