

# North Shore Massage, LLC

Welcome! Please fill out the following information in order to help us choose the most effective treatment.

## CONFIDENTIAL INFORMATION:

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME# \_\_\_\_\_ WORK# \_\_\_\_\_  
EMAIL \_\_\_\_\_  
D.O.B. \_\_\_\_\_ HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

## YOUR OCCUPATION INFLUENCES YOUR BODY IN MANY WAYS....

JOB TITLE \_\_\_\_\_ STRESS LEVEL \_\_\_\_\_  
DOES YOUR JOB INVOLVE A LOT OF... SITTING? \_\_\_ STANDING? \_\_\_ WALKING \_\_\_ DRIVING?  
\_\_\_ CARRYING OBJECTS? \_\_\_ REPETITIVE MOTION? \_\_\_ COMPUTER WORK? \_\_\_ OTHER?  
\_\_\_\_\_

HAVE YOU EVER RECEIVED MASSAGE THERAPY BEFORE? \_\_\_\_\_  
HOW LONG AGO? \_\_\_\_\_

## HISTORY

What are your reasons /goals for seeking care? \_\_\_\_\_

If you have a specific complaint, when did it start? \_\_\_\_\_

Have you seen a healthcare provider(s) for this complaint? \_\_\_\_\_

Have you seen a healthcare provider(s) for any conditions in the past year? If yes, please list:  
\_\_\_\_\_

Do you have any medically diagnosed conditions? If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Please list all medications/supplements/over-the-counter drugs you are currently taking and the reason for taking them. \_\_\_\_\_  
\_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Due date? \_\_\_\_\_ How many weeks? \_\_\_\_\_

## ARE YOU EXPERIENCING ANY OF THE FOLLOWING? : (Please circle)

Headache	Joint Ache	Decreased range of motion
Neck pain	broken bones	High blood pressure
Whiplash	Severe pain	Allergies (oils/perfumes)
Bursitis	Disc problems	varicose veins
Arthritis	Mid-back pain	Skin rash
Strains	low-back pain	Open cuts or burns
Sprains	Abdominal pain	Bruises

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

I, \_\_\_\_\_ acknowledge that my decision to receive massage/bodywork is completely voluntary and it is my right to discontinue my sessions at any time. I will not hold the Practitioner liable for any negative effects that may result from my sessions. I have provided my health history, injuries, and/or surgeries to the best of my knowledge. I will advise the therapist of any changes that occur in that information. I am free of communicable diseases/illnesses and will not seek massage if I contract such disease/illness. I understand that massage/ bodywork is not to be used in place of medical treatment.

I further understand that; professional standards will be upheld at all times, the modesty of the client and therapist is protected by proper draping procedures and that therapeutic massage/bodywork is provided in a strictly non-sexual environment. Inappropriate or sexual behavior will result in immediate termination of the session.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_