

# The Centre Spa & Wellness

## CONFIDENTIAL INFORMATION HEALTH HISTORY FORM

Welcome. We want your appointment to be as pleasant and comfortable as possible.

If at any time you have questions regarding your treatment, please let us know.

**PATIENT INFORMATION**  
 ~Please Print  
 Name \_\_\_\_\_  
 Home# \_\_\_\_\_  
 Cell # \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Hours/day of computer? \_\_\_\_\_  
 Describe any injuries, illnesses, and/or surgical operations (include dates) \_\_\_\_\_  
 \_\_\_\_\_  
 List current medications \_\_\_\_\_  
 \_\_\_\_\_  
 Who is your regular health care provider/MD? \_\_\_\_\_  
 \_\_\_\_\_  
 When was your last massage? \_\_\_\_\_

Please indicate the following:

	None	Light	Moderate	Heavy
Salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I attest that the information I have provided is true and complete to the best of my knowledge. I understand this information I have provided on this form is confidential and will not be released without my written consent. I understand that massage therapists do not diagnose illness, disease or disorder, nor they prescribe medical treatment. 24 hours notice is required to reschedule all future appointments, or late charges will apply.

\_\_\_\_\_  
 Signature Today's Date  
 Therapist Signature \_\_\_\_\_

Therapists – please sign and update yearly:  
 2010 2011 2012 2013 2014 2015 2016 2017

**HEALTH HISTORY**  
 Please check conditions or symptoms you currently have or have had in the past:

- Contact Lenses
- Allergies/Sinus
- Numbness/Tingling
- Sciatica
- Skin condition
- High Blood pressure
- Osteoporosis
- Seizures/convulsion
- Dizziness/fainting
- Varicose veins
- Bruise easily
- Arthritis
- Fibromyalgia
- Heart condition
- Chest pain
- Difficulty breathing
- Stroke
- Diabetes
- Cancer
- HIV
- Whiplash
- Head feels heavy
- Pain w/movement
- Stiff neck
- Grinding/popping
- TMJ
- Grind teeth /  Splint
- Headaches
- Migraines
- Vertigo
- Ringing in ears
- Memory Loss
- Light sensitivity
- Bursitis
- Loss of movement
- Pain with movement
- Hands cold
- Loss of grip
- Pain in wrist

**Back:**  
 Pain when lifting/bending  
 Pain with cough/sneeze  
 Disk problems  
 Other \_\_\_\_\_

**Abdomen:**  
 Nausea  
 Incontinence  
 Gas  
 Constipation  
 Diarrhea  
 Tenderness  
 Colitis  
 Diverticulitis

**Hips legs & feet:**  
 Leg or foot cramps  
 Swollen ankles  
 Cold feet  
 Ticklish feet  
 Knee surgery  
 Hip replacement

**Males:**  
 Prostate  
 Hernia

**Females:**  
 Irregular cycle  
 Endometriosis  
 Other \_\_\_\_\_

**PREGNANT CLIENTS ONLY**  
 Due Date: \_\_\_\_\_  
 Previous Pregnancies: # \_\_\_\_\_  
 Midwife/ Ob/Gyn: \_\_\_\_\_  
 Ph: \_\_\_\_\_  
 Morning Sickness  
 Blood Pressure (High/Low)  
 Dizziness/Headaches  
 Swelling  Anemia  
 Constipation  Hemorrhoids  
 Allergies  Varicose Veins  
 Bed Rest (Previous/Current)  
 Why? \_\_\_\_\_  
 Taking Prenatal Classes Y/N  
 Do you have a Birth Plan? Y/N  
 Other: \_\_\_\_\_

Would you like to be on our email mailing list?  Yes  No  
 How did you hear about The Centre?  
 (if referred by friend, please give name so we can thank them)  
 \_\_\_\_\_