

# Massage Artistry

32 Union Square East Suite 411  
New York, NY 10003  
Phone: (347) 850-4404  
E-Mail: info@massageartistrynyc.com  
Web: www.massageartistrynyc.com

## Client Record-Medical History

### ● CONTACT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Gender (circle) Male Female  
In case of emergency, please contact \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Relation to you \_\_\_\_\_  
Appointment reminders are sent via email. Would you like to receive them? Yes No  
How did you hear about me? \_\_\_\_\_ Referred by \_\_\_\_\_

### ● CONFIDENTIAL MEDICAL HISTORY

*This information is critical to the manner in which your therapist will structure your session. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated.*

Are you currently under a Physician's care? Yes No For what condition(s)? \_\_\_\_\_  
Do you take medication for this condition(s)? Yes No List medications you take: \_\_\_\_\_

Women: To your best knowledge are you pregnant? Yes No

*Please circle any of the following health issues that you currently have or have had in the past year:*

Allergies: \_\_\_\_\_

Anemia	Fibromyalgia	Osteoporosis
Angina	Fungal infections	Deep Vein thrombosis
Arteriosclerosis	Heart Attack	Pregnancy
Artificial/Replacement Joints	Heart Disease	Repetitive Strain Injuries
Asthma	Hemophilia	Sciatica
Blood clots	Hernia	Skin Sensitivity
Broken Bones	Hepatitis A, B, C	Stroke
Bruising Tendencies	Hospitalization	Surgery
Cancer	High Blood Pressure	Surgical Implants of any kind
Carpal Tunnel Syndrome	Low Blood Pressure	Varicose Veins
Communicable Diseases	Immune System conditions	Whiplash
Depression	Irritable Bowel Syndrome	Other _____
Disc problems	Insomnia	_____
Dizziness	Migraines/ Headaches	

# Massage Artistry

32 Union Square East Suite 411  
New York, NY 10003  
Phone: (347) 850-4404  
E-Mail: info@massageartistrynyc.com  
Web: www.massageartistrynyc.com

## ● CURRENT SPECIFIC MEDICAL CONDITIONS— please mark “YES” or “NO”

CONDITION	YES	NO	PLEASE DESCRIBE
Arthritis			
Cancer or Tumors			
Cardiovascular Disease			
Diabetes			
Injuries/Accidents			
Kidney, Liver or Urinary problems			
Respiratory conditions			
Skin conditions			Circle all that apply: Acne, Abrasions/Cuts, Birthmarks/Moles, Bruises, Dermatitis, Eczema, Fungus, Herpes, Hives, Poison Ivy/Oak/Sumac, Psoriasis, Shingles, Skin tags, Sunburn, Warts, Other:
Surgery			Date of surgery: Describe:
Gastrointestinal problems			
Other medical conditions not mentioned			

## ● IMPORTANT DISCLOSURE & SIGNATURE

Because massage and bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all the questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile and understand that there will be no liability on the massage therapist's part should I fail to do so.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Consent for treatment of a minor

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

