

**Client Health Information** (page 1 of 2)

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**Different Planes, Inc. - 503.843.2984**

**Client Contact Information**

Client Name:  Date:   
Date of Birth:  Gender:  Male  Female  
Address:   
Phone(s):  Email:   
Referred by:   
Emergency contact:  Phone:   
Physician/Health-care Provider name:  Phone:

**Massage Information**

Have you ever received professional massage/bodywork before?  Yes  No  
How recently?   
What types of massage/bodywork do you prefer?   
What kind of pressure do you typically prefer?  Light  Medium  Firm  
What are your expected outcomes for receiving massage/bodywork?

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)?

If so, explain:

List the medications you currently take:

Do you wear contacts?  Yes  No

Do you wear dentures?  Yes  No

Are you pregnant or trying become pregnant?  Yes  No

Are there other massage considerations?  Yes  No

If yes, please explain below:



**Health History**

Do you now have any conditions, contagious disorders, injuries or surgeries, or had in the past that may influence your treatment?

Check any of the following health conditions that you currently have (if you are unsure, please ask):

blood clots,  infections,  congestive heart failure,  contagious diseases,  pitted edema

Please answer honestly, as massage may not be indicated for the above conditions.

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

Current	Past	Muscle or joint pain	
Current	Past	Muscle or joint stiffness	
Current	Past	Numbness or tingling	
Current	Past	Swelling	
Current	Past	Bruise easily	
Current	Past	Sensitive to touch/pressure	
Current	Past	High/Low blood pressure	
Current	Past	Stroke, heart attack	
Current	Past	Varicose veins	
Current	Past	Shortness of breath, asthma	
Current	Past	Cancer	
Current	Past	Neurological (e.g. MS, Parkinson's, chronic pain)	
Current	Past	Epilepsy, seizures	
Current	Past	Headaches, Migraines	
Current	Past	Dizziness, ringing in the ears	
Current	Past	Digestive conditions (e.g. Crohn's, IBS)	
Current	Past	Gas, bloating, constipation	
Current	Past	Kidney disease, infection	
Current	Past	Arthritis (rheumatoid, osteoarthritis)	
Current	Past	Osteoporosis, degenerative spine/disk	
Current	Past	Scoliosis	
Current	Past	Broken bones	
Current	Past	Allergies	
Current	Past	Diabetes	
Current	Past	Endocrine/thyroid conditions	
Current	Past	Depression, anxiety	
Current	Past	Memory Loss, confusion, easily overwhelmed	

Comments or Other Conditions to Note:

**Consent for Treatment**

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

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

Parent or Guardian Signature (in case of a minor): \_\_\_\_\_ Date: \_\_\_\_\_