

Bliss Massage

Bliss is a condition of supreme well-being and good spirits.

Health History Form

This information will help the massage therapist assess your needs before any hands-on work is done in order to provide you with the highest quality of care. Any information that is provided will be kept strictly confidential to those involved directly with your care.

Name _____ Home Phone _____
Address _____ Cell Phone _____
City _____ State _____ Zip _____ DOB _____
Email _____ Occupation _____
Female _____ Male _____ Referred by _____
Emergency Contact _____ Phone _____

Please check all that currently apply to you:

- Acid Reflux
- Active Rash _____
- Allergies (nuts, seafood, Latex) _____
- Arthritis
- Asthma
- Blood Pressure
High _____ Low _____
- Bruise Easily
- Cancer
- Cold/Flu
- Constipation
- Chronic Fatigue
- Chronic Headaches
- Chronic Pain
- Crohn's
- Depression
- Diabetes
- Fibromyalgia
- Heart Condition
- Herpes/Shingles
- IBS
- Migraines
- MS
- New Tattoo
- Numbness/Tingling
Location _____
- Pins/Plates/Implants
- Pregnant/Trimester _____
- Seizures/Fainting
- Sprains/Strains
- Spasms/Cramps _____
- Tendonitis/Bursitis
- TMJ
- Varicose Veins
- Warts _____

Have you ever experienced a professional massage? Yes _____ No _____

Please list areas you prefer **not** to have massaged: _____

What kind of pressure do you prefer? light __ medium __ firm __ varied __
Deep tissue on entire body _____ (\$20 additional fee for this service)
Pressure may be changed at any time during the session.

Are you currently treating with a health care practitioner? Yes ___ No ___

Please describe your reason for this visit, including any current complaints and areas of tension or discomfort; _____

Please list all medications and conditions they are treating; _____

List pertinent injuries/surgeries in the last 5 years; _____

Any other pertinent information; _____

You will determine which clothing to remove.

You will disrobe when the therapist is not present in the room.

You will remain covered at all times and only the area that is being worked on will be uncovered.

Please take a moment to read the following and initial each on line.

It is my choice to receive massage therapy/bodywork. I realize that the treatment I receive is for the basic purpose of relaxation and or relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and or strokes may be adjusted to my level of comfort. _____

I understand that the massage therapist does not diagnose illness, disease, or any physical or emotional disorders, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal manipulations. I acknowledge that massage is not a substitute for medical examinations or diagnosis, and that it is recommended that I see a primary health care provider for that service. _____

I have stated all medical conditions that I am aware of and will update the massage therapist of any changes in my health status. _____

I 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. _____

*****No-show/Cancellation Policy*****

I understand that my appointment time is reserved for me. I understand that 24 hours notice to cancel or change an appointment is required or I am responsible for full payment of originally scheduled appointment. If I do not show up for my appointment (no-show) I will also be responsible for full payment of service. _____

In the event an appointment is made to redeem my gift certificate or a prepaid session and I do not show up or give the required 24 hours advance cancellation notice, I understand that my gift certificate or prepaid session then becomes **void**. _____

Payment is due at time of service. \$35 returned check fee.
A complete listing of policies may be found at www.BlissMassageOshkosh.com

Client's Signature _____ Date _____

Massage Therapist Signature _____ Date _____

Thank you for choosing **Bliss Massage** as part of your wellness plan.

Consent to treatment of a Minor:

By my signature, I hereby authorize Heidi Wahlgren to administer massage, bodywork, or craniosacral therapy to my child or dependent _____ as they deem necessary.

Signature of Parent or Guardian _____ Date _____

Bliss Massage reserves the right to refuse service at anytime.