Grand Mesa Massage

Bodywork Symptom Survey

Name ____ Age _______ Date _____________

How would you rate your present state of health? Excellent ___ Good ___ Fair ___ Poor ___

Are you currently under a doctor's care? Y N If so, please explain: _____________________

____

Are you pregnant? Y N If so, how far along are you?

Do you wear dentures? Y N

Have you had bodywork before? Y N

If so, which therapy and how often? ____

____

Reason for today's visit? ____

Describe any surgeries, accidents, or injuries you have had in the last three years? __________

____

More than three years ago? ____

____

Do you have any chronic ongoing pain or stress? Y N Please explain: __________________

____

Please check any conditions that you have currently or have had in the past:

__ Allergies
__ Arthritis
__ Blood Clots
__ Breathing Problems
__ Diabetes
__ Fibromyalgia
__ Headaches
__ High/Low Blood Pressure
__ Hypermobility
__ Infectious Disease
__ Jaw Pain
__ Muscle/Joint Pain
__ Numbness/Tingling
__ Pregnant
__ Scoliosis
__ Sinus Problems
__ Skin Conditions
__ Tendonitis
__ Varicose Veins

Please describe these conditions: ____

____

Type of recreation and exercise: ____

____

List all medications you are currently taking: _________________________________

____

____

Signature (Patient / Parent / Guardian) **Date**

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