



Client health history and massage intake form

NUVO SALON & SPA

First Name: _____ Last: _____ Email: _____

Address: _____ City: _____ Zip: _____

Date of Birth*: _____ Occupation: _____ Referred by: _____

***Minor Policy:** All persons under the age of 18 must have parent/guardian's consent.

All persons under the age of 16 are required to have a parent/guardian present in the room during the time of service.

Parent Name: _____ Signature indicating parental consent: _____

Please indicate any of the following that you **currently have, or have had:**

MUSCULOSKELETAL

- Fibromyalgia
- Osteoporosis
- Dermatomyositis
- Scoliosis
- Degenerative Disks
- Sciatica
- Arthritis
- TMJ
- Bursitis
- Plantar Fasciitis
- Tendonitis
- Carpal Tunnel Syndrome
- Thoracic Outlet Syndrome
- Headache
- Joint Replacement
- Pins, Screws, Plates
- Other _____

RESPIRATORY

- Asthma
- COPD
- Sinusitis
- Dizziness
- Other _____

CIRCULATORY

- Hypertension
- Low Blood Pressure
- Raynaud's Disease
- Hemophilia
- Diabetes
- Bruising
- Varicose Veins
- Atherto-/Arteriosclerosis
- Blood Clots/Phlebitis
- Deep Vein Thrombosis
- Heart Condition
- Pacemaker
- Other _____

SKIN

- Fungal Infection
- Impetigo
- Dermatitis/Eczema
- Psoriasis
- Open Wound or Sore
- Warts/Moles
- Athletes Foot
- Rashes
- Other _____

NERVOUS SYSTEM

- ALS
- Multiple Sclerosis
- Parkinson's Disease
- Bell's Palsy
- Neuritis
- Stroke
- Aneurysm
- Trigeminal Neuralgia
- Seizure Disorders
- Spinal Cord Injury
- Other _____

OTHER

- Insomnia
- Anxiety/Panic Attacks
- Chemo / Radiation
- Chronic Fatigue
- HIV/AIDS
- Lupus
- Kidney Disease
- Lyme Disease
- Edema
- Cancer
- Other _____

Are you currently experiencing any of the following conditions? Flu or Cold Fever Infection Contagious Disease

Are you pregnant? Y / N _____ **If yes, Due date:** _____

Please list any allergies: _____

I, _____, understand that massage therapy given here is for the purposes of stress reduction; relief from muscular tension; increasing circulation and energy flow.

I understand that the massage therapists do not diagnose illness, disease or any other physical or mental disorder. As such, the therapists do not prescribe medical treatments or pharmaceuticals, nor do they perform any spinal manipulations. It has been made very clear to me that massage therapy is not a substitute for medical examination and /or diagnosis, and that it is recommended that I see a physician for any ailment I may have.

Because a massage therapist must be aware of existing health conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my health. **All information will be kept strictly confidential.**

OVER →

