

Advanced Neuromuscular Therapeutics
Medical Massage Clinic
HEALTH HISTORY

NAME _____ DATE OF BIRTH: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE (H): _____ (W) _____ (C) _____
EMERGENCY CONTACT: _____ (Phone) _____
Your Email Address: _____
If using insurance: Insurance Co: _____ ID# _____
If applicable Secondary Insurance Co: _____ ID# _____
If you are the spouse or child, Insured Name: _____ DOB _____
EMPLOYER/OCCUPATION: _____
REFERRED BY: _____
SEX: _____ Male _____ Female

Have you had a professional massage before? _____ What type of pressure do you prefer? _____
Current issue or complaint, or any Muscular / Structural / Joint / Bone / Circulatory problems. Please
circle and explain: _____

Current or previous medical problems (please circle and explain) Surgeries, Fractures, Skin Problems,
Blood Clots, Phlebitis, Varicose Veins, Blood Pressure, Heart Condition, Cancer, Communicable or
Infections Diseases or other significant medical problems: _____

On a scale from 1-10 (10 being high) how high is your stress level? _____
(work, family, relationships, car, money....etc)
How long has your stress been like this? _____
Tell me about your daily and weekly self care (circle) stretching, ice, heat, vitamins, ibuprofen
Weekly exercise Activities: _____

Weekly habits:
Alcohol _____ average per day Caffeine _____ average drinks per day
Tobacco _____ average per day Water Intake _____ average ounces per day
Sleep _____ average hrs/day _____ Take Fish oil or Statin Drugs

I certify that the above information is complete and correct. I will keep you informed of any changes as they occur. I understand that Advanced Neuromuscular Therapeutics will not be liable for any injuries or loss sustained to myself or property while on the premises.

I understand that the time of my appointment is reserved for me. If, for some reason, I am unable to keep a future scheduled appointment, I agree to give you 24-hrs notice. I understand that emergencies do occur, however, in the event of a last minute cancellation or no-show appointment, I will be charged \$40 for my missed appointment of 60 minutes or \$60 for my missed appointment of 90 minutes.

FYI-Our office offers insurance billing, Carolyn Durham is a provider for many health care plans and all motor vehicle med-pay and workers comp plans. Check with your plan and see if massage is covered.

Signature _____ Date _____