

Cheryl Abruzzo Massage Therapy

Health Information Sheet

Name (please print): _____ Date ___/___/___ Date of Birth ___/___/___

Address: _____ City: _____ State: ___ Zip: _____

Phone: Home ___-___-___ Cell ___-___-___ Occupation _____

Email: _____ Referred by: _____

Have you ever received a massage before? ___ Yes ___ No Type/Frequency _____

List the medications that you currently take: _____

Surgeries, accidents, major illnesses: _____

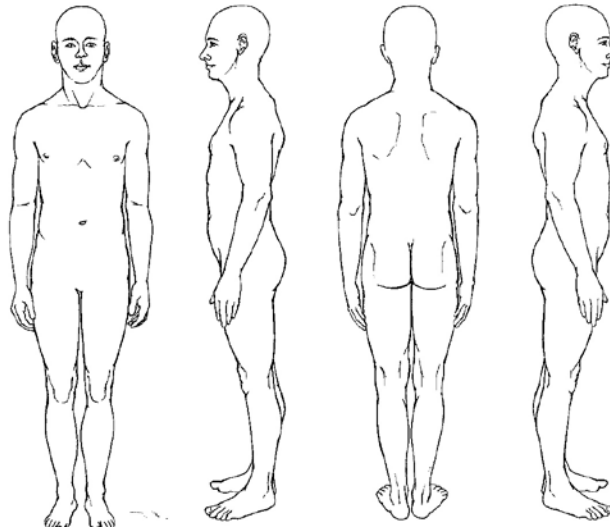
Please make us aware of any of the following conditions: (Circle all that apply)

Arthritis AIDS Allergies Blood Clots Cancer Diabetes
Fibromyalgia Headaches Heart Problems Hepatitis Skin Problems High Blood Pressure
Varicose Veins Spinal Problems Recent Injuries (please describe _____)
Pregnant: ___1st Tri ___2nd Tri ___3rd Tri Complications _____
Other _____

Do you have any particular area of complaint or tension? _____

P = pain or tenderness
S = joint or muscle stiffness
N = numbness or tingling

Example:



I understand that massage therapy provided is for the purpose of stress reduction, relief from muscular tension or increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The therapist will use draping with all massages. Any areas of the body that are to be massaged or avoided have been discussed and noted. The massage therapist will not engage in breast massage of the female clients. If uncomfortable for any reason during the massage, client or massage therapist may ask to cease the massage and the session will be ended. Therapists do not do any spinal manipulations and massage therapy is not a substitute for medical examinations and/or diagnosis. It may be recommended that I see a physician for any ailment I might have. Because a therapist must be aware of existing physical conditions I have stated all my known medical conditions and take it upon myself to keep the therapist updated on any physical health.

Client signature: _____ Therapist Signature _____

Call 817-879-8447 to schedule your appointment.

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