**Harborview Massage & Wellness Center**

# HEALTH HISTORY
## *CONFIDENTIAL*

**Port Orchard**
Heartworks Studio
817 Harrison Ave
Port Orchard, WA 98366

**Silverdale**
3500 NW Anderson Hill
Suite 102
Silverdale WA 98383

360.895.Aaah (2224)

Name: _____

Phone Primary: _____ Phone/Alternate: _____

Contact by email? ____ NO ____ YES Email: _____

Address: _____ Zip: _____

Birth date: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone Primary: _____ Phone/Alternate: _____

Referred by: _____

Primary reason for seeking bodywork: _____

Are you under a physician's care: ____ NO ____ YES If yes, explain: _____

_____

Health Practioner Name: _____ May I contact: ____ NO ____ YES

Practioner's Location: _____ Phone: _____

Check all that apply / explain briefly / date:

___ Recent Injury: _____
___ Recent Illness: _____
___ Recent Surgery: _____
___ Chronic Condition: _____
___ Arthritis: _____
___ Chronic Pain: _____
___ Pregnancy: _____
___ Cancer: _____
___ Lymph Node(s) Removed: _____
___ Joint Issues _____
___ Undiagnosed Pain: _____
___ Skin Condition: _____

___ Diabetes: _____
___ Kidney Problems: _____
___ High/Low Blood Pressure: _____
___ Blood Clots: _____
___ Whiplash: _____
___ Varicose Veins: _____
___ Circulation Issues: _____
___ Headaches: _____
___ Numbness/Tingling: _____
___ Spine/Disc Problems: _____
___ Allergies: _____
___ TMJ/Grinding/Clenching: _____

Other injuries / illnesses / past surgeries (date/treatment received): _____

_____

Are you taking any medications: ____ NO ____ YES If yes, detail: _____

_____

Where in your body do you feel the effects of stress: _____

What do you do for relaxation or to relieve stress: _____

Do you exercise? ____ NO ____ YES If yes, what and how often? _____

_____

What else do you do for self-care? _____

Have you experienced professional bodywork before? ____ NO ____ YES If yes, what type:

_____

I have stated all medical conditions, and will update the practioner of changes in my health status. I understand that bodywork practitioners do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. Techniques may provide relief from muscular tension or spasm, pain relief, and/or stress reduction (physical or emotional).

24 HOUR CANCELLATION NOTICE REQUESTED OR THE FULL FEE FOR APPT. TIME MAY BE CHARGED.

Signature: _____ Date: _____