Perfect Balance
Wellness Centre

Lisa Reichert, RN
Facial Lymphatic Drainage Massage
Hot Stone Massage

CONFIDENTIAL HEALTH HISTORY

A complete and accurate health history is necessary to ensure safe and appropriate massage therapy treatment.

NAME: First_____ Last_____

Address: _____ City _____ Postal Code _____

PHONE: Home _____ Cell _____

Email: _____

Date of Birth: _____ Occupation: _____

Primary Concern: _____

_____

_____

Primary Care Physician (Name & Address): _____

General Health: ❑ Poor ❑ Fair ❑ Good ❑ Excellent

Please indicate conditions you are experiencing or have experienced in the past.

Location of any muscle or joint discomfort:
- ❑ Neck
- ❑ Shoulders
- ❑ Upper back
- ❑ Mid back
- ❑ Lower back
- ❑ Arm
- ❑ Elbow
- ❑ Wrist
- ❑ Hand
- ❑ Hip
- ❑ Leg
- ❑ Knee
- ❑ Ankle
- ❑ Foot

Women
- ❑ Pregnant

Cardiovascular
- ❑ High blood pressure
- ❑ Low blood pressure
- ❑ Chronic congestive heart failure
- ❑ Blood clotting disorder
- ❑ Heart disease
- ❑ Heart attack
- ❑ Phlebitis/varicose veins
- ❑ Stroke (CVA)
- ❑ Pacemaker or similar device

Infections
- ❑ Skin conditions
- ❑ Respiratory conditions (TB)
- ❑ Hepatitis
- ❑ HIV/AIDS
- ❑ Herpes (cold sores/warts)
- ❑ Viral infections (cold, cold sores/warts)
- ❑ Bacterial Infections (conjunctivitis, styes)
- ❑ Fungal infections (ringworm)
- ❑ Undiagnosed lumps or swelling

Respiratory
- ❑ Chronic cough
- ❑ Bronchitis
- ❑ Shortness of breath
- ❑ Asthma
- ❑ Emphysema

Other Conditions
- ❑ Kidney Failure
- ❑ Loss of sensation (where?) _____
- ❑ Diabetes
- ❑ Allergies or Hypersensitivities _____
  _____
  _____
- ❑ Skin conditions
- ❑ Epilepsy
- ❑ Cancer (where) _____
  _____
- ❑ Arthritis

Signature _____ Date _____