

For official use only:

Thank You sent: _____
Entered into Database: _____

Name: _____ Date of Birth: _____ Anniversary: _____

Full Address: _____

Phone Number: () _____

Emergency Contact Name and phone number: _____

If female: Are you now or are you currently planning a pregnancy: _____

Current medications: Are you currently taking any type of blood thinner? If so, please explain why.

Have you ever received a professional massage before? Yes No

If yes, do you get them regularly or just sporadically?

How did you hear about "The Southern Touch?" If from a friend, please let me know whom I can thank!

Consent for Care:

It is my choice to receive manual therapy and I give my consent to "The Southern Touch" to perform this therapy. I have reported all health conditions that I am aware.

Signature _____ Date: _____

Have you had any recent (*in the past year*) surgeries or hospitalizations? If so, please explain:

Have you had or are you currently suffering from any of the following conditions?

General:

- Headaches
daily / weekly / monthly
- Sinus problems
- Recent bruising, strains or sprains

Skin Conditions:

- Such as rashes, athlete's foot, warts, psoriasis, eczema (Circle all that apply)
- Other _____

Muscles and Joints:

- Arthritis
- Tendonitis/Bursitis (if so, where _____)

Nervous System:

- Numbness/tingling (if so, where: _____)
- Sciatica or shooting pain
- Other

Respiratory/Cardiovascular:

- Any known blood clots
- Previous stroke or heart attack
- High blood pressure / Low blood pressure
- Asthma – if so, where is inhaler?

Allergies:

- Scents, oils, or lotions
- Nuts
- Detergents

Endocrine System:

- Thyroid (If so, hypo or hyper)
- Diabetes

Any other medical conditions that you suffer from that are not covered above:
