

**Artful Art of Massage**  
17311 135<sup>th</sup> Ave NE, Suite A-850  
Woodinville, WA 98072  
425-415-1334

Name \_\_\_\_\_ Date \_\_\_\_\_

Are you under the care of a physician at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

**Primary concern for this visit:** relaxation \_\_\_\_\_, treatment \_\_\_\_\_, auto accident \_\_\_\_\_, other \_\_\_\_\_

**Symptoms are;** mild \_\_\_\_\_, moderate \_\_\_\_\_, disabling \_\_\_\_\_, constant \_\_\_\_\_, intermittent \_\_\_\_\_.

Symptoms increase with activity \_\_\_\_\_ symptoms decrease with activity \_\_\_\_\_

Treatment received, any change with treatment? Yes \_\_\_\_\_ No \_\_\_\_\_ Symptoms got worse \_\_\_\_\_

**Medications taken today:**

**Check all that apply:**

- |                                       |  |  |  |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Arthritis    | <input type="checkbox"/> disk problems | <input type="checkbox"/> depression      | <input type="checkbox"/> high/low blood pressure |
| <input type="checkbox"/> Bursitis     | <input type="checkbox"/> low back pain | <input type="checkbox"/> diabetes        | <input type="checkbox"/> stiff painful joints    |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> allergies     | <input type="checkbox"/> skin conditions | <input type="checkbox"/> numbness/tingling       |
| <input type="checkbox"/> cancer       | <input type="checkbox"/> lupis         | <input type="checkbox"/> other           |  |

I have reported all health conditions that I am aware of and will inform my practitioner of any changes in my health.

I understand that massage is given here for the purpose of stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation of energy flow.

I understand that the massage practitioner does not diagnose illness, disease or any other physical or mental disorder. As such the massage practitioner does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulation. It has been mad clear to me that massage is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.

Signature \_\_\_\_\_ Date \_\_\_\_\_