Clinical Massage Therapy

"To promote health and well-being by providing responsible empathetic, and integrative medical massage therapy"

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Health & Wellness Report

Name: _____ Date: _____

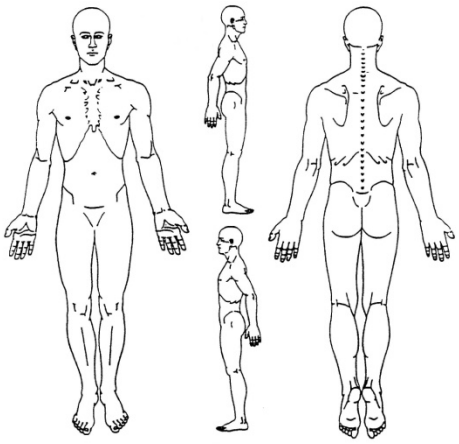
Date of Injury: _____

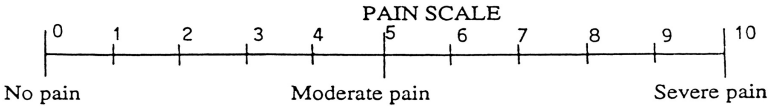
1. Are you currently experiencing any of the following symptoms? If you, please explain.

Dull Achy Pain	☐Yes	☐No	Swelling or Inflammation	☐Yes	☐No
Tenderness (w/ touch)	☐Yes	☐No	Numbing or Tingling	☐Yes	☐No
Soreness (w/o touch)	☐Yes	☐No	Allergies	☐Yes	☐No
Stiffness	☐Yes	☐No			

Key: P = Pain / Tenderness / Soreness
S = Stiffness of Joint or Muscles
I = Inflammation or Swelling
N = Numbness or Tingling

- Identify current symptomatic areas of your body by placing the corresponding letter(s) on the figure provided ==>
- Circle or shade around each letter to illustrate the area affected by these symptoms
- On the rating scale below, mark the point which best represents the overall intensity of your symptom(s)





2. For this session, what are your goals for attaining health and how can we best assist you?

_____

3. Have there been any changes (improvements or deteriorations) in your condition since your last visit? List any new illnesses or injuries, activities or health concerns that are related to the current condition:

_____

_____

4. List daily activities affected by symptoms (work, exercise, hobbies, ect):

_____

_____

5. List medications or pain relievers taken recently for this condition (Rx or over the counter):

_____

_____

6. I have provided all my known medical information. I acknowledge that massage therapy is not a substitute for medical diagnosis and treatment. I give my consent to receive treatment.

Signature: _____

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