



1850 West Street, Southington, CT 06489 Telephone 860-747-6388 lstang@bridgestohealth.net www.bridgestohealth.net

Thank you for your visit. We sincerely hope, based upon our experience and certified training, that the massage you receive will help you on your way to a more relaxed, healthy and sound way of living. Please take a few moments to fill out this form. It will enable us to give you the therapeutic massage best suited for your specific needs.

Name _____ Birth Date _____

Address _____

City/State/ZIP _____ Email _____

Phone (Home) _____ (Work) _____ Occupation _____

How did you hear about us? _____

Primary reason for appointment include areas of pain or tension _____

What medications do you take? _____

Any recent surgery or acute injury? _____

Any type Cancer? YES NO What kind? _____ When? _____ Surgery? _____

Any Chemotherapy? YES NO Radiation? YES NO When? _____

Have you had one or more lymph nodes removed? YES NO Where? _____

List any Doctors you see; name and town _____

List any therapies you are currently receiving. _____

Are you Pregnant? YES NO Contact Lenses? YES NO Dentures? YES NO

Do you exercised regularly? YES NO Participate in Sports? YES NO

Have you had a professional massage before? YES NO What kind? _____ When? _____

Please check any that apply to you.

___ spinal problems:

___ bulging or herniated discs

___ numbing or tingling in arms or legs

___ scoliosis

___ heart problems

___ high/ low blood pressure

___ heart surgery

___ varicose veins

___ blood clots

___ sinus trouble

___ whiplash

___ seizures

___ digestive problems

___ painful or swollen joints

___ chronic fatigue/fibromyalgia

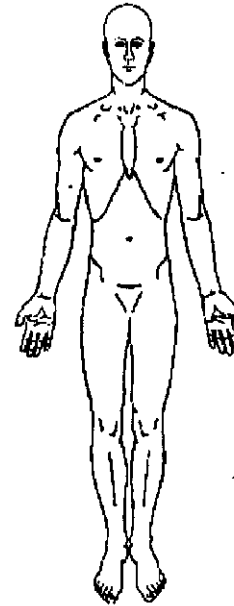
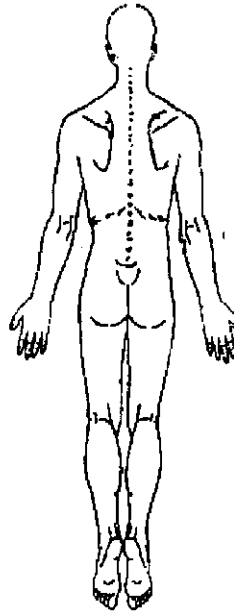
___ headaches/migraines

___ skin problems/ allergies

___ arthritis

date: _____

Shade in any areas of pain or discomfort or palpable tightness or trigger points



Please Read and Sign

I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular discomfort and for increasing blood, lymph and energy circulation. I further understand the massage therapist does not diagnose illness, disease, or any other physical disorder. As such, the massage therapist does not prescribe medical treatment or medication(s) and does not perform spinal manipulation. It has been made clear to me that massage therapy is not a substitute for medical examination or diagnosis. I have, to the best of my knowledge, stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

I understand that if I cancel an appointment without at least 12 hours advanced notice I can be charged 1/2 of the session cost. If I do not show up for a scheduled session and do not call I will be billed the full amount of the session.

Signature _____ Date _____