Symmetry Wellness

Email: symmetrymedmx@gmail.com
Cell: 720.220.5734
Website: symmetry.massagetherapy.com
Address: 333 W. Hampden Ave, Suite #420E, Englewood CO 80110

# Health Information Form

Have you ever had a therapeutic massage? If yes, what did you like / dislike?_____
_____

Do you have any allergies or sensitivity to any oils (essential oils, nuts, etc.)? If yes, please list:_____
_____

Are you currently taking any medications? If yes, please list:_____
_____

Have you had any recent surgeries or injuries? If yes, please list:_____
_____
_____
_____

Check the following conditions that apply to you, past and present. Please add any additional comments to clarify the condition. Client initials: _____

**Skin**
- ○ Rashes
- ○ Allergies
- ○ Athlete's Foot
- ○ Warts
- ○ Acne
- ○ Cosmetic Surgery
- ○ Other:
  - ○ _____

**Digestive**
- ○ Indigestion
- ○ Constipation
- ○ Diarrhea
- ○ Diverticulitis
- ○ IBS
- ○ Crohn's Disease
- ○ Other:
  - ○ _____

**Reproductive**
- ○ Pregnancy:
  - ○ Current
  - ○ Previous
- ○ PMS
- ○ Menopause
- ○ Endometriosis
- ○ Other:
  - ○ _____

**Other**
- ○ Loss of appetite
- ○ Forgetfulness
- ○ Confusion
- ○ Depression
- ○ Difficulty concentrating
- ○ Drug use:_____
- ○ Alcohol use:_____
- ○ Nicotine use:_____
- ○ Caffeine use:_____
- ○ Hearing impaired
- ○ Visually impaired
- ○ Eating disorder
- ○ Diabetes
- ○ Fibromyalgia
- ○ Cancer
- ○ Infectious disease (please list):
  - ○ _____
- ○ Other congenital or acquired disabilities (please list):
  _____
- ○ Other:
  - ○ _____

**Musculo-Skeletal**
- ○ Headaches
- ○ Joint stiffness/swelling
- ○ Spasms, cramps
- ○ Broken bones
- ○ Strains/sprains
- ○ Back, hip pain
- ○ Leg, foot pain
- ○ Chest/rib/ab pain
- ○ Jaw pain / TMJD
- ○ Tendonitis
- ○ Bursitis
- ○ Arthritis
- ○ Osteoporosis
- ○ Scoliosis
- ○ Bone/joint disease
- ○ Other
  - ○ _____

**Nervous System**
- ○ Numbness/tingling
- ○ Twitching of face
- ○ Fatigue
- ○ Chronic pain
- ○ Sleep disorders
- ○ Ulcers
- ○ Paralysis
- ○ Herpes/shingles
- ○ Cerebral Palsy
- ○ Epilepsy
- ○ Multiple Sclerosis
- ○ Muscular Dystrophy
- ○ Parkinson's Disease
- ○ Spinal cord injury
- ○ Other:
  - ○ _____

**Circulatory/Respiratory**
- ○ Dizziness
- ○ Shortness of breath
- ○ Fainting
- ○ Cold feet/hands
- ○ Swollen ankles
- ○ Pressure sores
- ○ Varicose veins
- ○ Blood clots
- ○ Stroke heart condition
- ○ Sinus problems
- ○ Asthma
- ○ High blood pressure
- ○ Low blood pressure
- ○ Lymphedema
- ○ Other:
  - ○ _____

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** For office use only **