



# Blythe M. Davis Massage & Shiatsu

## Shiatsu Health History Questionnaire

Welcome! The following questionnaire helps me gather information about imbalances in your body so that I can customize a treatment specific to your needs. The more honest you are, the best I can assist you. All of your answers are strictly confidential. Thank You!

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Pronouns \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ hone \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Emergency Contact & Relation \_\_\_\_\_ Their Phone \_\_\_\_\_

Are you Pregnant? \_\_\_\_\_ # of weeks \_\_\_\_\_ # of Children \_\_\_\_\_ Ages \_\_\_\_\_

Have you ever had massage/shiatsu before? If so, when and where? \_\_\_\_\_

How did you hear about me? Is this a referral from a friend?

Who? \_\_\_\_\_

### CURRENT CONDITION

Reason for visit today \_\_\_\_\_

How long have you had this condition? \_\_\_\_\_

Is it getting worse? \_\_\_\_\_ Does it bother your: Sleep ? \_\_\_\_\_ Work ? \_\_\_\_\_ Other? \_\_\_\_\_

What seems to be the initial cause? \_\_\_\_\_

What seems to make it better? \_\_\_\_\_

What seems to make it worse? \_\_\_\_\_

Are you under the care of a licensed health care professional now? \_\_\_Yes \_\_\_No If yes, what is the diagnosis?

Who is your Licensed health care professional? \_\_\_\_\_

What other kinds of treatment have you tried or are you trying? \_\_\_\_\_

### Medical History

Check any of the following conditions you currently have. Double-check those that are in the past.)

- |   |                                       |  |  |  |
|---|---------------------------------------|--|--|--|
| <input type="checkbox"/> Chronic Disease<br>(Diabetes, Epilepsy<br>Crohn's, etc.) | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Physical Traumas<br>(Car accidents, falls,<br>etc.) | <input type="checkbox"/> Surgery (list)<br>_____ | <input type="checkbox"/> Emotional Traumas<br>(Abuse, death in family,<br>etc) |
| _____   | _____                                 | _____  | _____  | _____  |
| _____   | _____                                 | _____  | _____  | _____  |



