Mary Axelrod, NCMT, CMT, CR
Nationally Certified Massage Therapist,
Certified Reflexologist, Hot Stone Therapy,
Reiki Master (970) 204-1794

Health Update

Name _____ Date_____

Address _____

Home Phone _____Work _____ cell _____

Accidents, Major illnesses during the last year _____

_____

Surgeries during the last year _____

Other major medical treatments _____

Are you getting ongoing fertility treatments? Yes No

Are you pregnant: yes no If yes, you must bring a written ok for massage from your doctor or certified midwife.

Current medications including regular injections, pain patch, etc…..._____

_____

Are you currently under a doctor's care? Yes No Physical Therapy? Yes No

Please specify for what condition(s) _____

_____

Are you experiencing: (circle)

Headaches	Neck Stiffness	Back Pain
Muscle Cramps	Muscle aches and pain	Fatigue
Insomnia	High Stress	Depression

Pain or Difficulty in: walking movement range of motion

Other _____

_____

I understand that all health information is strictly confidential and is only used to help your therapist give you the best treatment(s) for your condition(s) including pain relief, increased mobility and range of motion, stress relief and relaxation.

Signature _____