Health History

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> **This form takes effect only when it is signed and dated.** Printing it, filling it in, or bringing it with you does not by itself agree to anything.

Maureen's Massage · Maureen Leonie Reid, LMT (MA78217) · version 0.2.1

Filled in once, at your first visit. This is the long one — worth doing at home if you can.

Maureen's Massage — Maureen Leonie Reid, LMT (MA78217)

I ask these questions once, at your first visit. **Then, before every single session after that — even if I saw you last week — I ask you a short set of questions about anything that has changed, and I write your answers down.** Tell me whenever something changes and I will update this page too. I use them to decide how to work with you — a "yes" almost never means no massage. Sometimes the answer is that we work lighter. Sometimes it is that I want your doctor's say-so first. I do not diagnose anything, and if what you describe is outside what I am trained to help with, I will say so and point you to the right person. I would rather you were annoyed with me for saying so than not.

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1. About you

Field
Full legal name — REQUIRED
Home address — REQUIRED
Telephone — REQUIRED
Age — REQUIRED
Email — OPTIONAL
Someone to call if I need toName, relationship, number**REQUIRED if I come to you** — otherwise optional

Field
Today's date — REQUIRED

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2. Blood clots

This is the one I most need you to answer. Where a clot may be present, massage is not safe — that is why I ask about this separately from everything else. It is rare and it is serious. Tick anything that is true — if you are not sure, tick it anyway and we will talk.

Right now, today — REQUIRED

	For my use
Right now, today — is one leg or one arm swollen, warm, red, or aching more than the other? No Yes Not sure	**DO NOT TREAT THAT LIMB. Same-day medical care.**
I am short of breath, or have chest pain, or a cough that came on suddenly	**STOP — same-day medical care, no session today.**

And these — tick anything that is true — REQUIRED

	For my use
I have had a blood clot before — in a leg, a lung, or anywhere else	**RISK** — ask the current-sign question above and record the answer
I have a clotting disorder — **or a doctor has told me my blood clots too easily**	**RISK** — ask the current-sign question above and record the answer
I take a blood thinner	**ADAPT** + cupping OFF
I have had surgery, or a hospital stay, in the last 3 months	**RISK** — ask the current-sign question above and record the answer
I have been off my feet recently — a cast, bed rest, or a wheelchair	**RISK** — ask the current-sign question above and record the answer
I have travelled more than 4 hours in a car or a plane in the last week	**RISK** — ask the current-sign question above and record the answer
I have cancer now, or I am being treated for it	**ADAPT** → §6
I gave birth in the last 6 weeks	**ADAPT** → §7
I am pregnant now	**→ §7 — I do not offer prenatal massage. Refer, and give her the name.** Not a refusal ground; a scope limit. Record the referral.
I take estrogen — hormone replacement, or the pill	**RISK**
I smoke	**RISK**
Blood clots run in my family	**RISK**
None of these	—

Tell me today, not at your next visit, if you get a new swelling, warmth, redness or aching in one leg or arm. That is worth a same-day phone call to your doctor, and it is worth cancelling on me for.

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3. Your medicines

Do not sit and copy out a list. Bring the bottles, or the printout your pharmacy gives you, or your phone with the list on it, and I will write down what I need. If it is easier to just tell me, tell me.

Tick anything you take — REQUIRED

	For my use
A blood thinner	**ADAPT** + cupping OFF
A steroid — tablets, an injection, or a cream	**ADAPT** — skin + bone
Something for diabetes. Do you take insulin? Yes No	**ADAPT** → §7 feet — if insulin, ask when they last ate, **every session**
A water tablet / fluid tablet ("water pill")	**MLD OFF** — ask why it was started
Something for blood pressure	**ADAPT** — slow rises
A prescription pain medicine	**ADAPT** — pressure
An antidepressant	**ADAPT**
Nothing at all	—

Anything else you take — REQUIRED. Tick nothing else, or list it here — or I will write it down for you:

For my use: Medication list taken from: the bottles a pharmacy printout the client's phone what the client told me — **and I wrote it down**

Are you allergic to anything, including oils, lotions or latex? — REQUIRED No Yes:

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4. Anything on your skin

Creams, ointments, gels or patches — REQUIRED No Yes

If yes, what and whereabouts on you:

For my use: **AVOID THIS AREA** — no work over a patch or a treated area, no heat near it.

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5. Show me where

Mark the drawing — or just tell me, and I will mark it for you. Circle where it hurts. Put an **X** anywhere you would rather I did not touch at all — you do not have to give me a reason. **Telling me out loud counts exactly the same as marking it yourself.**

[**FRONT BODY OUTLINE**] [**BACK BODY OUTLINE**]

O = it hurts here — OPTIONAL X = please skip this area — OPTIONAL

Marking the drawing tells me where to look. It is not permission to uncover any area — that always needs its own separate written consent.

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6. If you have had cancer

A cancer history is not a reason I would turn you away. A cancer history does not disqualify you. What it changes is how and where I work — and for one thing, swelling in a limb, the right person is a certified lymphoedema therapist, not me.

	For my use
Have you ever been treated for cancer? — REQUIRED No Yes	**ADAPT**
What kind, and where in the body — OPTIONAL	
When you were treated, roughly — OPTIONAL	
I had surgery	**AVOID THIS AREA** — scar
Lymph nodes were removed. Which side: left right both	**AVOID THIS AREA** — that limb, permanently
I had radiation. Whereabouts:	**AVOID THIS AREA** — treated field
I am having chemotherapy, immunotherapy or hormone therapy now	**ADAPT** — light, short
I have a port fitted	**AVOID THIS AREA**
It has gone to the bone	**ADAPT** — no deep pressure
I get swelling in an arm or a leg	**STOP** → refer, CLT scope

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7. Your health, in general

Tick anything that applies — REQUIRED

	For my use
Diabetes	**ADAPT** — hot stone OFF if numb
Numbness, tingling, or reduced feeling **in one place**.Whereabouts:	**HOT STONE OFF** — burn risk
Numbness or reduced feeling **in BOTH hands or both feet**, or I am dropping things / fumbling coins and buttons	**STOP** → refer
Osteoporosis or thinning bones	**ADAPT** — no deep pressure
A broken bone in the last year, or a fall I have not had looked at.What, and when:	**AVOID THIS AREA** + no deep pressure

	For my use
Skin that tears or bruises easily	**CUPPING OFF + ADAPT**
A red or sore patch where I lie or sit — heels, hips, tailbone. **Or anywhere that feels sore, hot or tender there, or that anyone helping you has noticed**	**AVOID** — no rubbing over it, refer. **Look yourself before the first touch** — see the reverse of FORM-B
A joint that is hot, red, swollen or too sore to touch	**STOP**
A foot that is cold, or a calf that cramps when I walk and eases when I stop	**ADAPT** → refer
Heart failure — or a weak heart, fluid on the lungs, or being told to weigh yourself daily	**MLD OFF**
Kidney disease	**MLD OFF**
High or low blood pressure	**ADAPT** — sit up slowly
Rheumatoid arthritis. Any neck pain, stiffness or pins and needles? No Yes	**STOP** if neck symptoms
Surgery in the last year. What, and when:	**ADAPT**
Is the incision fully closed and healed? Yes No Not sure	**AVOID THIS AREA** if not
I have been in a car accident or a fall — when:	**ADAPT** — see the question below
An injection into a joint in the last month. Which joint:	**AVOID THIS AREA** — 2 weeks
I have been on a steroid tablet for months or years	**ADAPT** — skin + bone
Epilepsy or seizures	**ADAPT**
A skin condition, rash, or an open or weeping area	**AVOID THIS AREA**
Varicose veins	**AVOID THIS AREA**
A pacemaker or another implanted device	**AVOID THIS AREA**
I am pregnant	See note below
Anything else you think I should know:	
None of these	—

Has a doctor ever told you to avoid massage, or to be careful with it? — REQUIRED
No Yes — what they said:

If you have had surgery, an injury, or a collision — what has your surgeon or doctor said about massage, and when did they say it? — REQUIRED if any of those apply

On pregnancy: I do not offer prenatal massage. That is about what I am trained and set up for, not about you, and it is not a judgement about you or about massage during pregnancy. I will give you the name of someone who does it well.

8. Things I want to hear about straight away

These are the ones where the right answer is usually a doctor before a massage table. **I ask everybody these, every one of them — they are about nerves and about warning signs, and nothing here is personal to you.** Tick anything that is true — REQUIRED

	For my use
I am losing weight without trying to	**STOP** → refer
Pain that wakes me up at night	**STOP** → refer
Pain that never lets up, whatever I do	**STOP** → refer
Any change at all in your waterworks or your bowels — leaking, OR not being able to go when you need to?	**STOP** → same-day referral
New numbness between my legs	**STOP** → same-day referral
New weakness in a leg	**STOP** → same-day referral
New numbness or weakness in my legs — **especially both**	**STOP** → same-day referral
A fever, or I feel unwell today	**STOP** — rebook
None of these	—

Headaches — REQUIRED. Tick anything that is true:

	For my use
A headache that came on suddenly and severely, unlike any I have had before	**STOP** — emergency today
A headache that started after a knock to the head — especially if I take a blood thinner	**STOP**
I am over 50 and this headache is new, and my scalp is tender or my jaw aches when I chew	**STOP**
None of these	—

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9. Getting on and off the table

This matters more than most people expect, and almost nobody volunteers it. There is no wrong answer and none of it stops the session — it decides how I set the room up before you arrive.

	For my use
Can you lie face down? — REQUIRED Yes No Only briefly	Side-lying + pillows
Can you lie face up? — REQUIRED Yes No Only briefly	Bolster / semi-reclined
Can you lie flat? — REQUIRED Yes No	Wedge, or recliner

	For my use
Do you need a hand getting on or off the table? — REQUIRED Yes No	Set step + assist
Do you use a walker, a cane or a wheelchair? — REQUIRED No Walker Cane Wheelchair	Clear approach, park within reach
Do you go light-headed when you stand up? — REQUIRED Yes No Sometimes	Sit 60s before standing
Have you had a fall in the last year? — REQUIRED Yes No	Assist both transfers
Would a bed, a recliner or a chair suit you better than a table? — OPTIONAL Yes No	Note for in-home
Do you feel the cold badly? — REQUIRED Yes No	Warm the room, extra blanket

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10. What do you want to get out of this?

In your own words — REQUIRED. Not what you think I want to hear — what you actually want to be able to do again, or do more comfortably.

If it is easier to say it than write it: **Your words, written down by me:** _____

And how will you know it is working? — OPTIONAL

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11. Anything else

Anything you would rather I knew before we start, including anything that would make you uncomfortable — OPTIONAL

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12. Finishing up

Who filled this in — REQUIRED I did Maureen read me the questions and wrote down what I said

Date — REQUIRED: _____

REQUIRED — one of these two, never neither:

Signature: _____

Answers given to me aloud, read back to her, and written down by me — Maureen: _____

Signing here means only that these are your answers. It is not a consent form, and nothing on this page is a consent to treatment. Tell me whenever any of this changes — a

new medicine, a new diagnosis, a fall, a hospital stay — and I will update it. You will not be asked to fill this in again from scratch.

For my use

Routing flags raised: STOP RISK ADAPT AVOID THIS AREA none

If RISK was ticked — current-sign question asked and answered: yes, recorded above n/a

Modality gates: hot stone OFF cupping OFF MLD OFF

Significant health risk from treatment today: no yes — see below

Decision: proceed proceed with adaptations defer, and why refer, and to whom **STOP — did not treat**

Notes and reasoning: _____

Maureen's signature: _____ Date: _____

UPDATE LOG — every time something on this page changes

Date	What changed	Gates added or removed	Goals restated?	Initials