

Personal Health Questionnaire

Date: _____

Name: _____

Phone : _____ e-mail: _____

Age : _____ Sex : _____ Height : _____ Weight: _____

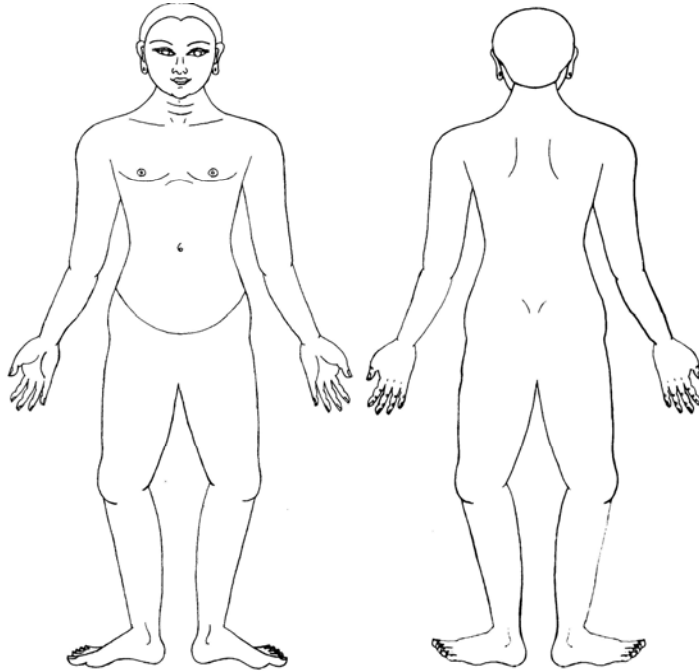
Profession: _____ Referred By: _____

Are you taking any medication ((y)(n)) _____

If yes for what reason : _____

Please indicate if you suffer from any of the conditions listed below:

- Aids
- Allergies
- Aortic aneurysm
- Arteriosclerosis
- Cancer
- Cervical spine problems
- Constipation
- Diarrhea
- Fractures
- Heart disease
- Hemophilia
- Hernia
- High blood pressure
- Joints problems
- Menstruation
- Opens wounds and cuts
- Osteoporosis
- Phlebitis (DVT)
- Pregnancy
- Previous dislocation
- Rheumatoid arthritis
- Skin disease
- Stroke
- Surgery
- Other: _____



Please Circle your problem areas on the drawing and indicate the symptoms with these symbols :

- Tension -----
- Cramping //////////////
- Numbness ++++++
- Pain >>>>>>>

Do you have any restriction in movement: _____

Are you pregnant : (y)(n) _____ Due Date : _____

What physical activities do you participate in : _____

Please detail any surgery or recent injuries : _____

Consent of Thai yoga massage

It is understood that the purpose of Thai Yoga Massage is for relaxation and this is not meant to diagnose or treat any illness, disease, or any other physical or mental disorder, injury, or condition. I have informed My Thai Yoga Massage practitioner about my state of health, and I have transmitted to him any recommendations and restriction on the part of my medical doctor or therapist insofar as Thai Yoga Massage is concerned.

Client's signature _____

Date _____