



# Rhemed by Rhed Therapeutic Massage

230 W13th St Buzzer D New York NY 10011 347.284.0086 www.rhemedbyrhed.com

Today's Date (mm/dd/yyyy):

Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy):

Gender: Female Male

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

In case of emergency, who should we notify?

Relation to you?

Contact Number: \_\_\_\_\_

How did you hear about us:

Yelp Google Friend \_\_\_\_\_ Other internet \_\_\_\_\_ Other \_\_\_\_\_

Would you like to receive a reminder text before each appointment? Yes \_\_\_ No \_\_\_

### Reason for appointment

What is your chief complaint? (for relaxation purposes, please skip the below sections)

Describe the onset:

Provide primary symptoms and rate them mild, moderate or severe:

Please rate your pain on the scale from 1 to 10:

Have you seen any other physicians or healthcare professionals for this complaint?

If Yes, Doctor's name

Date of last treatment:

Diagnosis:

What type of treatment did you receive?

Have the treatments worked?

List current medications, including aspirins, antihistamines, birth control, supplements:

Describe your current lifestyle (work, habits, physical activities, sleep patterns, emotional state):

Do you have allergies to any oils or essences?

Do you dislike any oils or essences?

Do you have any other allergies ie nuts or fruits?

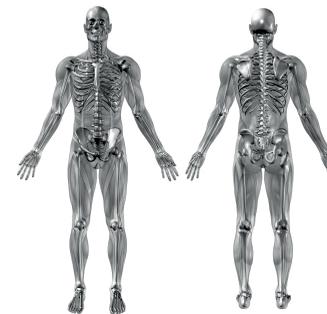
Any other particulars?

Note the areas of:

X = pain

O = tightness

N = numbness



Health History: Please fill in the appropriate square of any of the following symptoms that you now have or have had previously C = Constant F = Frequent O = Occasional

C F O	C F O	C F O	C F O
<i>Muscle &amp; Joint</i>			<i>Genito-Urinary</i>
Tension		Arthritis	Respiratory
Spasm/cramps		Fibromyalgia	Chronic cough
Loc: _____	<i>Skin</i>	Osteoporosis	Asthma
Sprains/ Strains		Dryness	Allergies
Loc: _____		Skin rash	Type: _____
Low back pain		Eczema/Psoriasis	<i>Cardio-vascular</i>
Hip pain		Athlete's Foot	Heart condition
Leg pain		Warts	Varicose Vein
Knee pain		Bruise easily	Blood clots
Bulge/slipped disks		Acne	High blood pressure
Neck pain		Open wounds/ Hives or allergy	Low blood pressure
Shoulder pain		Location: _____	Lymphedema
Whiplash			Hemophilia
Tendonitis		<i>Nervous System</i>	Stroke
Loc: _____		Numbness/tingling	Arteriosclerosis
Bursitis		Herpes/ Shingles	Pleuritis
Loc: _____		Fatigue	<i>Digestive</i>
Broken/ Fractured bones		Chronic Pain	Gastro-Intestinal
Loc: _____		Bell's Palsy	Constipation
Flat fee		Trigeminal Nrlgia	IBS/Crohn's
High arches		Paralysis	
Jaw pain/ TMJ			

### Disclaimer:

I understand that a Massage Therapist is not qualified to practice medicine, diagnose, prescribe or treat any physical or mental illnesses and that nothing said in the course of the session(s) given should be construed as such. Massage is not a substitute for medical treatment, but is a complement to most types of therapy. I understand that the massage session I receive is for the purpose of relaxation and stress reduction, promotion of balance and normalization of the body, and stimulation of circulation thereby delivery of oxygen and nutrients to the cells. If I experience pain or discomfort during the session, I will immediately inform my therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that I may discontinue a session or sessions at any time.

Because massage is contraindicated under certain medical conditions, I affirm that I have stated all of my known medical conditions, and have answered all questions honestly. I agree to keep my massage therapist updated as to any change in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

24hours cancellation policy of 50% charge; no notice will incur in full charge of the service.

Signature of Client \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Privacy Disclaimer: Rhemed By Rhed Therapeutic Massage NEVER shares your information with ANYONE, EVER.



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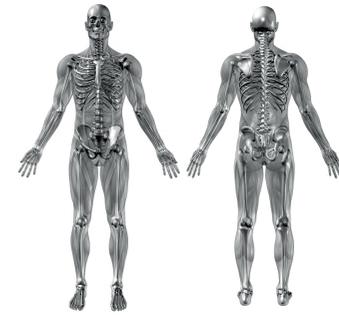
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C	F	O	C	F	O	C	F	O	C	F	O
<i>Muscle &amp; Joint</i>			<i>Skin</i>			<i>Cardio-vascular</i>			<i>Genito-Urinary</i>		
		Tension			Dryness			Chronic cough			Kidney Infection
		Spasm/cramps			Skin rash			Asthma			Pregnant
		Loc:			Eczema/Psoriasis			Allergies			Months:
		Sprains/ Strains			Athlete's Foot			Type:			Irregular Menses
		Loc:			Warts						Infertility
		Low back pain			Bruise easily			<i>Other</i>			Common cold
		Hip pain			Acne			Heart condition			Headache
		Leg pain			Open wounds/ Hives or allergy			Varicose Vein			Eye Strain
		Knee pain			Location:			Blood clots			High blood pressure
		Bulge/slipped disks			<i>Nervous System</i>			High blood pressure			Low blood pressure
		Neck pain			Numbness/tingling			Low blood pressure			Drugs/ Alcohol
		Shoulder pain			Herpes/ Shingles			Lymphedema			Caffeine
		Whiplash			Fatigue			Hemophilia			Epilepsy/Seizures
		Tendonitis			Chronic Pain			Stroke			Cancer/ Tumors
		Loc:			Bell's Palsy			Arteriosclerosis			Type:
		Bursitis			Trigeminal Nrlgia			Phlebitis			Diabetes
		Loc:			Paralysis						Type:
		Broken/ Fractured bones						<i>Digestive</i>			Mental health
		Loc:						Gastro-Intestinal			Type:
		Flat fee						Constipation			Infectious Disease:
		High arches						IBS/Crohn's			Type:
		Jaw pain/ TMJ									

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