ALAMANCE COMMUNITY COLLEGE
1304 Plaza Drive, Burlington, NC 27215
MASSAGE THERAPY TRAINING PROGRAM

HEALTH HISTORY ***DATE*** ___/___/___

ALL INFORMATION ON THIS CHART IS CONFIDENTIAL. PLEASE GIVE AS MUCH INFORMATION AS YOU CAN. THANK YOU.

Name_____ Date of Birth_____
Address_____
City_____State_____Zip_____
Telephone: Work_____Home_____
Profession_____

How did you hear about us?_____
_____

Within the past year have you been under the routine care of a health care provider (physician, psychotherapist, chiropractor)? _____Yes _____No

If yes, name of practioner_____

Treated for_____

Have you visited any other massage practitioners? _____Yes _____No
Name_____Type of Massage_____

Describe any significant bodily injuries that you recall and when they occurred, especially those producing emotional trauma or injury to specific joints, muscles or bones_____
_____

Check any conditions which have occurred in the past:

	Month/Year		Month/Year		Month/Year
□Abdominal Pain	_____/____	□Diabetes	_____/____	□Pacemaker	_____/____
□Anemia	_____/____	□Diverticulitis	_____/____	□Paralysis	_____/____
□Arteriosclerosis	_____/____	□Emphysema	_____/____	□Phlebitis/Thrombosis	_____/____
□Arthritis	_____/____	□Heart Disease	_____/____	□Poliomyelitis	_____/____
□Asthma	_____/____	□HIV/Aids	_____/____	□Pregnant	_____/____
□Allergies	____/____	□High Blood Pressure	_____/____	□Skin Disorder/Rash	_____/____
□Bruise Easily	_____/____	□Infectious Disease	_____/____	□Thyroid Problems	_____/____
□Cancer	_____/____	□Kidney Disease	_____/____	□Tuberculosis	_____/____
□Chest Pain	_____/____	□Urinary Disorder	_____/____	□Ulcers	_____/____
□Chronic Bronchitis	_____/____	□Liver Disorder	_____/____	□Varicose Veins	_____/____
□Depression	_____/____	□Hepatitis	_____/____	□Other_____	_____/____

If you wear a hormone or nicotine patch, please indicate which kind and where you wear it_____
_____

Do you currently have any diagnosed conditions? ____Yes ____No If yes, please explain_____
_____

Please turn over and complete other side

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the ACC Student Massage Therapist does not diagnose illness and disease, does not prescribe medication and that spinal manipulations are not part of massage therapy.

I have informed the ACC Student Massage Therapist of all my known physical conditions, medical conditions, allergies, and medications, and I will keep the ACC Student Massage Therapist updated on any changes.

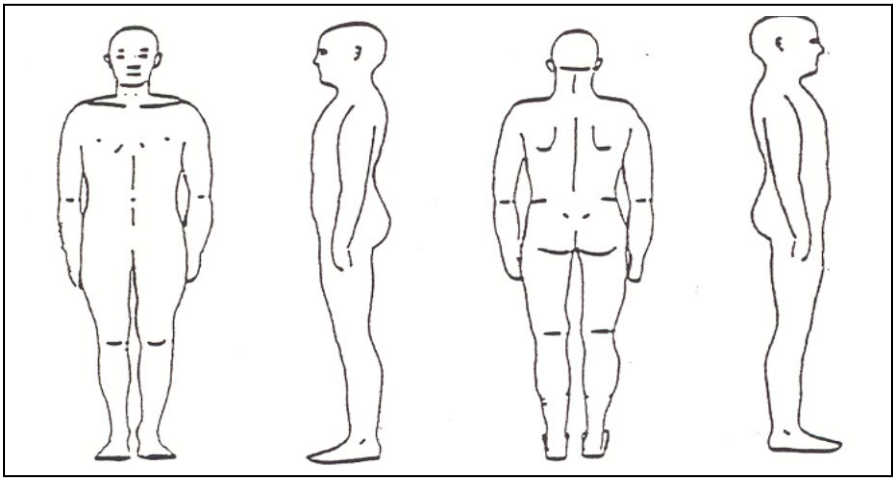
In order to respect other clients' time, your time begins on the appointed time you have made, and will end as agreed, including being late, consultation, and paperwork. CANCELLATION AND NO-SHOW POLICY: Cancellation and rescheduling must be done 24 hours in advance. You may send someone in your place.

North Carolina Board of Massage and Bodywork Therapy Rule .0602 (5) Student compensation prohibited. A student enrolled in a Board-approved school shall not receive a fee or other compensation for their work while they are completing clinical requirements for graduation, whether or not the school charges a fee for services provided in a student clinic.

Note: Fees for services are due at the time of the service. See instructor for details and please DO NOT give any payments directly to the ACC Student Massage Therapist. Thank you.

Your Signature:_____

PLEASE MARK ANY AREAS OF PAIN/DISCOMFORT:



THE FOLLOWING SECTION IS FOR THE THERAPIST'S USE ONLY:

Date	Initial	Description of Treatment and Clients Notes