



# Myo Therapeutic Massage

David Sanchez, CMT  
1836 Hamilton Avenue  
San Jose, CA 95125

Date: \_\_\_\_\_

Patient's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Birthdate \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? Friend \_\_\_\_\_ Internet \_\_\_\_\_

Other \_\_\_\_\_

**I understand that I am fully responsible for payment at the end of each massage session. By signing the following, I agree to make all payments due to Myo Therapeutic Massage and/or practitioner.**

**If unable to make the scheduled appointment, you must give the therapist 24 hours advance notice or you will be charged the full amount of the session.**

\_\_\_\_\_  
Patient/ Guardian Signature

\_\_\_\_\_  
Date

## Medical History

Purpose of this appointment \_\_\_\_\_

Hospitalized in the past 6 months? \_\_\_\_\_

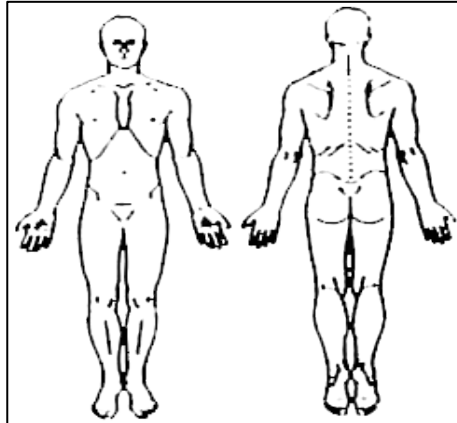
What changes do you feel could benefit you in reaching your health goals? \_\_\_\_\_

Change in Weight: Loss \_\_\_\_\_ lbs./Gain \_\_\_\_\_ lbs.

Change in diet: \_\_\_\_\_

Ability to handle stress: \_\_\_\_\_

Please mark your areas of pain on the diagram:



	Severe	Mild	No		Yes	No		Yes	No
Back Pain				<b>Cardiovascular</b>			<b>Are you taking medication:</b>		
Backache				Hardening of Arteries			For Your Heart		
Boils				High Blood Pressure			Blood Thinners		
Bruise easily				Low Blood Pressure			Vitamins		
Chest Pain				Pain over Heart			Dietary Supplements		
Dizziness				Paralytic Stroke			Herbs		
Dryness				Poor Circulation			Prescription:		
Faulty Posture				Previous Stroke			Other:		
Foot Problems				Rapid heart rate			<b>Are you under care of:</b>		
Headache				Slow heart rate			Physician		
Hernia				Swelling of Ankles			Chiropractor		
Hives or Allergies				Blood Clots			Physical Therapist		
Irritability				Pacemaker			Other:		
Itching				Diabetes			<b>Do you have allergies to:</b>		
Neck Pain				<b>For Women Only</b>			Fragrances		
Nervousness				Chance of pregnancy			Flowers		
Pain in Shoulders				Nursing/breastfeeding			Oils		
Painful Tailbone				Congested Breast					
Sensitive Skin				Menstrual Cramps			<b>Are you wearing:</b>		
Skin Eruptions				Premenstrual Tension			Contact Lenses		
Sleeping Problems				Menstrual Backache			Hearing Aids		
Spinal Curvature				<b>Habits</b>			False Eye		
Stiff Neck				Sugar Cravings					
Swollen Joints				Coffee					
Tension				Tea					
TMJ				Tobacco					
Tremors				Alcohol					
Varicose Veins				Soft Drinks					