



7413 US 42, Suite 3 ~ Florence, KY 41042  
(859) 525-5000  
www.synergyholistichealth.com

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

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

Date of Birth: \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_

Address: \_\_\_\_\_

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

Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

—

How did you hear about me?

Friend/Family(who) \_\_\_\_\_ Healthcare  
Provider: \_\_\_\_\_

Internet: \_\_\_\_\_ Yellow Pages: \_\_\_\_\_ Other: \_\_\_\_\_

Please list all medical conditions you have \_\_\_\_\_

\_\_\_\_\_

Please list all medications that you take \_\_\_\_\_

\_\_\_\_\_

Drug Allergies: \_\_\_\_\_

By signing this form I give my consent to receive a massage. I understand I may discontinue the session at any time. I realize that the treatment is given for the well-being of my mind and body. All information will be kept in strict confidence. Information may be shared among practitioners at Synergy. I have stated all medical conditions that I am aware of and will update the therapist of any changes in my health status.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mark if you have had any of these conditions (please include the date that the condition occurred)

_____ Broken Bones	_____ Kidney disease
_____ Epilepsy	_____ Hepatitis
_____ High/Low Blood Pressure	_____ Headaches
_____ Diabetes	_____ Numbness in Extremities
_____ Heart Disease	_____ Respiratory Disorders
_____ Arthritis/Osteoporosis	_____ Fatigue
_____ Back Pain/Problems	_____ Anxiety
_____ Allergies/Sinus Problems	_____ Neck Pain/Problems
_____ Mood Swings	_____ Tuberculosis
_____ Thyroid Disorders	_____ Aneurysm
_____ Phlebitis (blood clots)	_____ Skin condition
_____ Cancer Type _____	
_____ Aids/HIV Treatment _____	
_____ Pregnant Due Date _____	

Please list any surgeries (within the last 2 years) \_\_\_\_\_

\_\_\_\_\_

What brings you here today? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a professional massage? Do you prefer a lighter touch or deep tissue?

\_\_\_\_\_

Please circle problem areas.

