## Your Wizard Massage Extended Medical Intake Form

Name \_\_\_\_\_ Please review this list and check any of these conditions that are or have previously affected your health: □ depression, panic disorder, other psychological □ arthritis condition □ diabetes □ diverticulitis  $\sqcap$  blood clots  $\sqcap$  headaches  $\Box$  bruise easily  $\Box$  heart conditions  $\Box$  cancer  $\Box$  back problems □ chronic pain □ high blood pressure □ constipation/diarrhea ⊓ insomnia □ auto-immune condition\* □ muscle strain/sprain □ hepatitis (A, B, C or other)  $\Box$  pregnancy  $\sqcap$  skin conditions  $\Box$  scoliosis  $\sqcap$  stroke  $\square$  seizures □ whiplash □ surgery □ TMJ disorder □ chemical dependency (alcohol, drugs)

Please attach to the Your Wizard Health Intake Form!

\* AIDS, fibromyalgia, chronic fatigue, lupus, etc)

If there is something not listed above or there is anything else you feel needs to be brought to our attention, please do so:

Please read the following information and sign below:

- Massage therapy is not a substitute for sound medical advice. If you are not feeling well, please inform me now and seek appropriate medical attention. We can always reschedule.
- Being that message should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to all medical conditions truthfully.
- I have read, agree to and signed all policies on the Reworks Health Intake form as well.

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