



NEURO MUSCULAR THERAPY

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CONFIDENTIAL HEALTH HISTORY QUESTIONNAIRE

Name
Date of Birth
Occupation
Referred by

Emergency Contact Person
Relationship to You
Emergency Contact #

Have you had a therapeutic massage or NMT before? Yes No

What is your reason for seeking treatment today?

If you are seeking treatment for an injury, please describe its history, including other treatments, modalities and/or surgeries you have undergone for this condition.

Have you ever had any broken bones? If so, when?

Please list any previous muscle injuries, sprains, strains or tears.

Please list any current medications and reasons for taking them.

Please describe your exercise habits, including frequency.

Do you have a family history of heart disease? If so, please explain.

Do you stretch on a regular basis? Are you or could you be pregnant?
Do you smoke? Do you wear orthotics?
Do you suffer from TMJ (jaw pain) or headaches? If yes, who made them?

I verify that all information provided is correct and current to the best of my knowledge. I hereby give my consent to receive therapeutic massage and/or NeuroMuscular Therapy.

Signature Today's Date