

Sarah J. Ering, Licensed Massage Therapist
11 South Main Street, Natick MA 01760
Cell 508 736 4296
MyHealingStudio@gmail.com

Health History Form

Appointment Date: _____

Client Name: _____ Date of Birth: _____

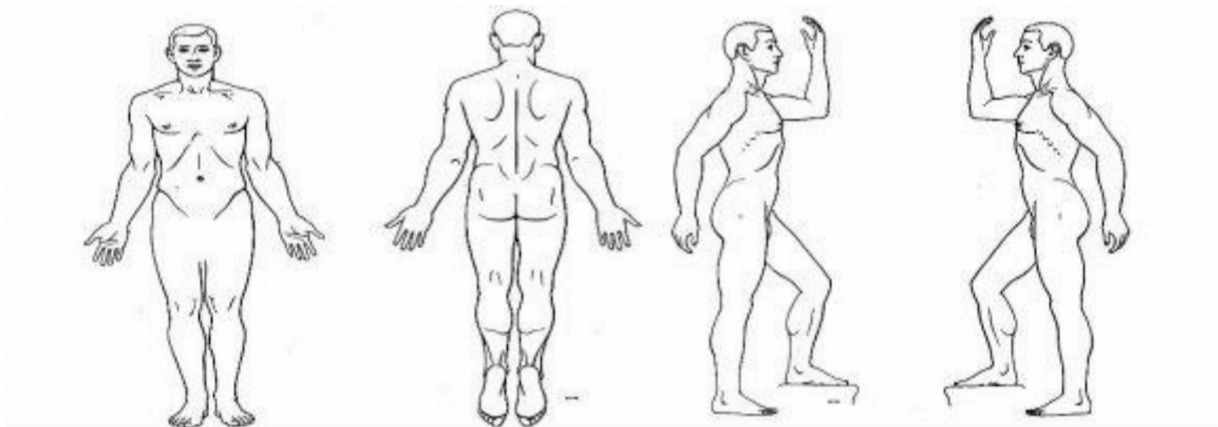
Address: _____

Town: _____ State _____ Zip _____

Cell: _____ E-Mail: _____

Emergency Contact: _____ Phone: _____

What would you like for me to know about your condition: _____



Please circle any areas of pain, injury, tension, or restriction of movement.



Any jaw, mouth, or face pain?

On the next page, please fill in any other information you need for me to know. Then sign and date. Thank you.

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Your Name: _____

Rate how you are feeling today:

No Pain 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. Worse Pain imaginable

Able to do everything 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. Not able to do anything

I am a Licensed Massage Therapist, not a physician. Suggestions made are recommendations, not prescriptions. Thank you for honoring my 24-36 hour cancellation policy. Cancellations the night before do not allow me enough time to fill my schedule. Payment is due in full for less than adequate cancellation notice or for missed sessions.

Signature: _____ Date: _____

Your greatest compliment comes in the form of your return visits and referrals. Thank you!