

# Seligman Massage, LLC

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MA#91015, MM#39777



\_\_\_\_\_  
Name Cell Phone

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email Date of Birth

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

## Health History

### Musculoskeletal

- Bone or joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Migraines/Headaches
- Osteoporosis

### Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- High/Low Blood Pressure
- Lymphedema
- Thrombosis/Embolism

### Respiratory

- Breathing Difficulty/Asthma
- Emphysema
- Sinus Problems

### Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease

### Reproductive

- Pregnant? What week? \_\_\_\_
- Ovarian/Menstrual Problems
- IVF

### Skin

- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores

### Digestive

- Irritable Bowel Syndrome
- Bladder/Kidney issues
- Colitis
- Crohn's Disease
- Ulcers

### Psychological

- Anxiety/Stress Syndrome
- Depression

### Other

- Cancer/Tumors
- Diabetes

Please explain any of the conditions that you have marked above: \_\_\_\_\_

Reason for initial visit? \_\_\_\_\_

