



**ACUPRESSURE MASSAGE ASSESSMENT**

**Personal information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Employer \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Email \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ G.P. \_\_\_\_\_

**YOUR MAIN HEALTH CONCERN:** \_\_\_\_\_

**Do you have test results/scans?** \_\_\_\_\_

**Please list all accidents/ injuries/ surgeries with dates:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list all medications/herbs/ vitamins:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check all areas that you have experienced pain/discomfort:**

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> neck          | <input type="checkbox"/> poor posture   | <input type="checkbox"/> low back    | <input type="checkbox"/> leg cramps     |
| <input type="checkbox"/> sciatica      | <input type="checkbox"/> swelling       | <input type="checkbox"/> shoulders   | <input type="checkbox"/> knees          |
| <input type="checkbox"/> bursitis      | <input type="checkbox"/> varicose veins | <input type="checkbox"/> arthritis   | <input type="checkbox"/> muscle spasms  |
| <input type="checkbox"/> chest/ribs    | <input type="checkbox"/> fingers        | <input type="checkbox"/> toes/ankles | <input type="checkbox"/> head           |
| <input type="checkbox"/> elbow         | <input type="checkbox"/> wrists         | <input type="checkbox"/> hips        | <input type="checkbox"/> feet           |
| <input type="checkbox"/> tailbone      | <input type="checkbox"/> thighs         | <input type="checkbox"/> calves      | <input type="checkbox"/> herniated disc |
| <input type="checkbox"/> muscle spasms | <input type="checkbox"/> poor balance   | <input type="checkbox"/> numbness    | <input type="checkbox"/> neuropathy     |