Blue Dragonfly Massage, LLC
Nancy Humphries NC LMBT #9602
IN MT 21103948
919.360.3576

HEALTH HISTORY

Name ________________________________ Date ______________________________
Address ______________________________ Birth Date ___________________________
City _________________________________ Occupation __________________________
State, Zip Code ________________________ Best phone contact ___________________
Email ________________________________ Referred by __________________________
Emergency Contact Name & Number ____
Do you wish to receive email newsletters? Yes □ No □

Please Check - Yes or No - for following Problems, Symptoms, Conditions, or Illnesses

Yes	No		Yes	No		Yes	No		Yes	No	
□	□	Anxiety	□	□	Fibromyalgia	□	□	Nerve damage	□	□	Seizures
□	□	Arthritis	□	□	Headaches	□	□	Numbness	□	□	Sinus
□	□	Cancer	□	□	Hearing Aid	□	□	Osteoporosis	□	□	Skin Disorder
□	□	Carpal Tunnel	□	□	Heart	□	□		□	□	Sleep Disorder
□	□	Circulation	□	□	Hemophilia	□	□	Pain - Back	□	□	Soreness
□	□	Constipation	□	□	Hepatitis	□	□	Pain - Joints	□	□	Stress
□	□	Convulsions	□	□	HIV / Aids	□	□	Pain - Neck	□	□	Tendonitis
□	□	Depression	□	□	Hypertension	□	□	Pain - Specify	□	□	Thyroid
□	□	Diabetes	□	□	Implants	□	□	Phlebitis	□	□	TMJ GrindTeeth
□	□	Diarrhea	□	□	Infection	□	□	Pregnant	□	□	Varicose Vein
□	□	Digestion	□	□	Multiple Sclerosis	□	□	Prosthetics	□	□	Wig/Hair Piece

Description or explanation of checked items or conditions not listed:
____
____
____

Current medications and supplements (for what conditions):
____
____
____

Past injuries, accidents, or surgeries (last 2 years, or anything with lasting or lingering problems):
____
____
____

Type and frequency of exercise? ____

Do you receive regular professional massage or bodywork? Yes □ No □
What are your preferences? Light, medium, or deep pressure?
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