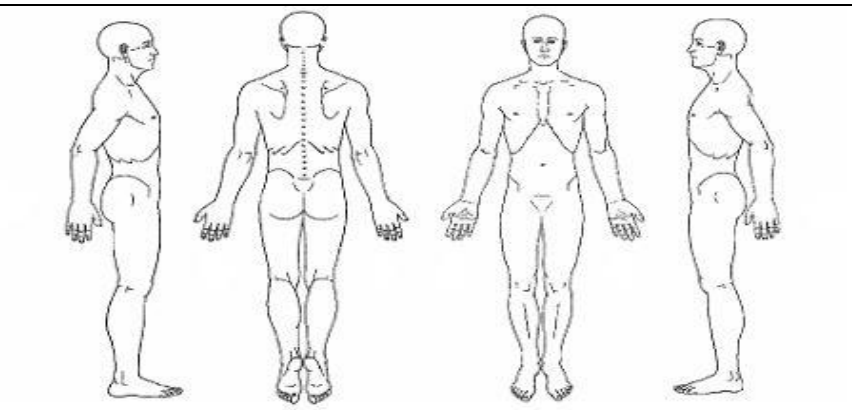
AMERICAN ACADEMY OF INTERNATIONAL EDUCATION, INC.

Faculty of Health & Medicine – School of Therapeutic Massage

Therapeutic Massage Lab Client For Student Massage – Signs & Symptoms of Health Issues

Client:_____Date:_____Student:_____

Your age? _____Type of work you do or did?_____ Gender:_____

Key: **P**= Pain or tenderness **S**= Joint or Muscle Stiffness **N**= Numbness or tingling • Rate the severity of your pain on a scale for 1 (lease pain) to 10 (severe pain: _____	

Type of Pain:

☐ Sharp	☐ Numbness	☐ Burning	☐ Stiffness
☐ Dull	☐ Aching	☐ Tingling	☐ Swelling
☐ Throbbing	☐ Shooting	☐ Cramps	☐ Other:_____

- When did your symptoms begin?_____
- Where were you and/or what were you doing that caused these symptoms?_____
  _____
- Is this condition getting progressively worse? ☐ Yes ☐ No ☐ Don't Know
- How often do you have this pain?__ ☐ Daily ☐ Once-in-a-while ☐ _____
- Is it constant, or does it come & go?_____
- How does this pain begin?_____
- Any special time of the day Or activity that triggers this pain?_____
- What makes this pain disappear?_____
- What treatment have you already received for your condition? ☐ Medications ☐ Surgery
  ☐ Physical Therapy ☐ Massage Therapy ☐ Chiropractic Services ☐ None ☐ _____
- Do you smoke? Y/N Your Height:_____Your Weight:_____ Blood Pressure:_____Pulse:___
- Any other information about this pain you wish to share with us?_____

Signature:_____ Date:_____Time:_____

Notes/Remarks by AAIE Massage Therapy student:

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Notes/Remarks by AAIE Clinical Supervisor:_____

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