

Client Contact Information

Name: _____ Birth Date: _____
Address: _____
Phone: _____ Email: _____
Referred By: _____
Emergency Contact Name: _____ Phone: _____



Bodywork/Massage Information

How do you feel today?

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc...). Please include how long you have been experiencing these symptoms.

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Is your discomfort worse in the morning, afternoon, specific time during the day and/or evening? Or simply constant?

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Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)? Y N Á

Are you currently undergoing any medical treatments for your current symptoms/issues? Y N Á

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Have you ever broken any bones? How long ago? ÁÁ

Please list any prescription medications you are currently taking: ÁÁ

Past experience with Zen Shiatsu, Thai Massage, Reiki, CranioSacral, MyoFascial Release, Massage, Acupuncture, Other Energy/Holistic Modality: Á

What are your goals/expected outcomes for receiving bodywork/massage? ÁÁ

Health History

Please check any of the following that apply to you (in the past or currently):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Neurological Problems | <input type="checkbox"/> Bruise Easily |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Dentures |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Digestive Issues |
| <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Joint Issues/Pain | <input type="checkbox"/> Herniated Disc | <input type="checkbox"/> Ringing in Ears |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Depression | <input type="checkbox"/> Kidney Disease/Infection | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Thyroid Condition | <input type="checkbox"/> Pitted Edema | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Easily Overwhelmed |

Had a Motor Vehicle Accident recently? Date: _____ Whiplash Y N Date: Á

Please list any past treatments or surgeries: ÁÁ

Diet examples

Breakfast: Á
Lunch: Á
Dinner:
Snacks: Á



Please list any vitamins or supplements you are currently taking: ÁÁ
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Lifestyle Examples

Marital Status: Occupation:
Children? Y N How many? Ages: Type:
Do you exercise? Y N Frequency: Type:
Do you stretch / yoga? Y N Frequency:
Do you meditate? Y N Frequency: Type:
Do you sleep well? Y N Total hours per night:
Hobbies:

Consent for Bodywork/Massage

If I experience pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that the purpose of bodywork/massage is for relaxation and that it is not meant to diagnose any illness, disease or for any other physical or mental disorder, injury or condition. The practitioner does not prescribe medication or pharmaceuticals or perform spinal manipulation. I have informed the practitioner about my state of health and any recommendations and restrictions on the part of my medical doctor, or therapist, insofar as bodywork is concerned. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part shall I fail to do so. It has been made clear that therapy/bodywork/massage is a complement to, and not substitute for, professional medical care. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of session and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

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Signature Date

No Show & Cancellation Policy

Time has been reserved exclusively for you for your bodywork session. Please be prompt for your session. We appreciate as much notice as possible if you have to cancel and/or reschedule. For any cancellations with less than 24 hours' notice, a cancellation fee may be requested as follows:

\$45 cancellation fee for a 60 minute session
\$60 cancellation fee for a 90 minute session Please initial Á

Please bring this completed form with you to your initial appointment. Incomplete forms will not be accepted and you will be required to complete this form in its entirety before beginning your session. Your session may be shortened to accommodate such task. We thank you for your cooperation and look forward to serving you.