[www.bewellprofessionaltherapy.com](http://www.bewellprofessionaltherapy.com) 702.439.7673

Custom Integrated Massage Therapy ˖ Plant Based Dietary Support

HEALTH HISTORY & INFORMED CONSENT  
THIS FORM MUST BE COMPLETED AND SIGNED BEFORE RECEIVING ANY BODYWORK

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please call me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □M □F Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
DOB\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ Phone #(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell/home/work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell/home/work  
Are you a Las Vegas local? □Y □N *If no, what city & state are you from?*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is your job mostly □active or □sedentary?  
How did you find Be Well? □Yelp □Internet search □Friend/Family member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WELLNESS SELF-ASSESSMENT  
Your health and wellness is mostly a result of your daily habits. Your lifestyle can promote wellness or promote disease. This predominately applies to food choices and ability to manage stress. This is your opportunity to conduct a self-assessment to see if you are incorporating choices that promote health and wellness. This may give you some guidance as to which aspects of your own self-healing could be adjusted.  
How would you describe your lifestyle? □Very Healthy □Above Average □Average □Below Average □Very Poor  
Do you use tobacco products? □Y □N   
How many liters of water do you drink daily? □I don’t drink water □less than 1 □1-2 □2+  
What % of your diet is animal-based foods? (Flesh, dairy, eggs) □Animal Product Free □1-10% □10-25% □over 25%  
What % of your diet is organic & minimally processed? (whole foods) □less than 25% □25-50% □50-75% □over 75%  
On average, how many days per week do you exercise? □I don’t exercise □1-3 □3-5 □5+  
What kind of activities do you enjoy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Do you stretch regularly? □Y □N Do you meditate regularly? □Y □N Do you practice mindfulness? □Y □N  
How do you currently manage your stress?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
HEALTH HISTORY  
Are you currently seeing a physician for any reason? □No □Yes *(if yes, please explain):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Are you currently taking any medications or supplements for any reason? □No □Yes *(if yes, please explain):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Please check (√) **Y**es to any condition found in your personal health history (include further explanation below if needed)

○Circulation Problems ○Cardiac Problems ○High Blood Pressure ○Blood Clots ○Heart Disease ○Pacemaker ○Neuropathy   
○Varicose Veins ○Frequent Headaches ○Migraines ○Infectious Disease ○Kidney Disease ○Stroke ○Bruise Easily   
○Seasonal Allergies ○Sensitive Skin ○Edema ○Thyroid Disease ○Diabetes (Type I/Type II) ○Sleep Apnea ○Sleep Problems   
○Depression ○Anxiety ○Chronic Fatigue ○Constipation ○GI Distress ○Seizures or Epilepsy ○Carpal Tunnel Syndrome   
○Back Pain ○Neck Pain ○Arthritis (osteo/Rheumatoid) ○Osteoporosis ○Multiple Sclerosis ○Scoliosis ○Cancer  
○Swollen/stiff Joints ○Sciatica/Piriformis Syndrome ○Disc Herniation ○Surgical Hardware (screws, pins) ○Weakness or tingling in arms/legs   
○Surgery (please explain) ○Pregnant or Breast Feeding ○Mental Illness ○ Reoccurring Injury   
Other conditions not listed / Further explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Why are you seeking massage therapy? Please list 3 goals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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INFORMED CONSENT  
I understand that the massage/bodywork I receive is provided for the purpose of promoting wellness and self-healing through relaxation, soft tissue manipulation, and energy balancing. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or stroke may be adjusted to my level of comfort. I further understand the massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that the massage therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Any suggestions given by the massage therapist are just that: suggestions. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapist’s part if I fail to do so.

LATE ARRIVALS AND MISSED APPOINTMENTS  
My business is “appointment based”. All clients are expected to arrive on time for his or her appointment. If a client arrives late for a session, the cost of the session remains the same though the client’s hands-on time may have been compromised. Due to scheduling, an extension of an appointment cannot be guaranteed. If you are going to be late, please safely contact me so I’m aware.   
\*\*Unless you have a hands-free unit, please do NOT use your phone while driving. For everyone’s safety, pull over before contacting me. This is Nevada law.\*\*  
A missed appointment is a missed opportunity; for you, for me, and for someone else who wanted to receive a massage. I often have to turn down appointments due to a busy schedule; often keeping a cancellation list of clients looking to take advantage of any last-minute openings. If you are unable to keep your appointment, please contact me as soon as possible so that someone else can be booked. Same day cancellations/reschedules will be charged 50% of the appointment fee. No call/no show appointments and any non-emergency/sudden-illness cancellations/reschedules with LESS THAN 2 HOURS NOTICE will be charged 100% of the appointment fee. **I do enforce this policy.** Please try to provide at least 24 hours-notice for any non-emergency related appointment changes.

LOOSE ENDS

I acknowledge that this is a professional massage therapy business. **Absolutely no lewd or sexual suggestions or behavior will be tolerated and will result in the immediate termination of the massage session.** I also understand the massage therapist reserves the right to refuse to perform massage on anyone who she decides doesn’t have the correct intentions in mind for the appointment or if she deems a client to have a condition for which massage is contraindicated.

I will inform the therapist of any changes to my health at the start of each visit. I understand my personal information will not be shared with any other professional or office without my consent.

BWPT is not responsible for your personal belongings. I release BWPT & Jill Kerner from any personal or property liability. (Though if you misplace something during your appointment, I will certainly help get it back to you.)

I have read and understand the **“Keys to a Great Appointment”** & **“Be Well Office Policies”** sheet and have presented any questions or concerns I have to the therapist.

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CLIENT SIGNATURE (Parental consent required for individuals under 18 years old) Date  
  
Yes, it’s ok to text me! My cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_