

Name _____ Date _____

Address _____ City/State/Zip _____

Phone (C) _____ Phone (H) _____

Occupation _____

Email (if you would like to receive our monthly e-newsletter) _____

How did you hear about us? _____

Circle any past or present health conditions:

- | | | | |
|----------------|----------------------|--------------------|-----------|
| Allergies | Arthritis | Blood Clots/Stroke | Cardiac |
| Blood Pressure | Communicable Disease | Circulation | Cancer |
| Diabetes | Disc/Vertebral | Dizziness/Fainting | Fatigue |
| Injuries | Gastrointestinal | Headaches | Pregnancy |
| Psychiatric | Skin Conditions | Varicose Veins | Surgeries |

Other condition not listed and/or explanation for any circled conditions:

Are you currently under the care of a physician or other practitioner? Y N

If yes, for what conditions? _____

List any prescriptions, OTC medications or supplements you take.

Level of physical activity changed recently? Y N Describe _____

Areas of concentration you would like worked on? _____

How often do you receive bodywork? _____

I, _____, voluntarily consent to the bodywork care to be administered to me by _____ . I understand that each procedure will be explained to me and that I maintain the right to withdraw my consent at any time. I understand that bodywork treatment does not entail diagnosing illness, disease or any other disorder, and that the therapist does not prescribe medical treatment or medications. I understand the bodywork treatment is not a substitute for medical care and that it is recommended that I am concurrently working with my primary care physician for any condition I may have. I have stated all my known physical conditions, medical conditions and medications and I will keep the therapist updated on any changes.

Signature _____ Date _____

*Client is a minor or otherwise unable to consent. I certify I am authorized to consent on behalf of client:

Parent/Legal Guardian _____ Signature _____ Date _____

*Emergency Contact _____ Phone _____