

Thrive Acupressure
Confidential-Client Information Form

Clients Name: _____ Age/DOB _____
Phone Number: _____ Address _____
Email address: _____

What services are you interested in today? Shiatsu Massage & 5-Element Acupressure, Ashiatsu, Kinesiology: Touch For Health, SIPS Acupressure, Body Talk, EFT-Tapping, Wellness with SOTA Instruments, or ALL (Circle) 1Hr-----1.5Hr (Circle)

If you are going to receive Ashiatsu Barefoot Massage please let me know if you have any of the following: past broken bones, injuries, breast implants, varicose veins, bruise easily, high blood pressure, slipped disks, _____

How did you find us? Google, Bing, Online Search, Referred by someone? _____

On a scale of 1-10 with 10 being the highest, how much physical, mental, or emotional pain are you in today? _____ How long have you been in this pain? _____

What other types of Holistic therapy have you tried? _____

How many hours do you sleep? _____ How is your digestion? _____

Do you have any allergies? Yes or No? _____

Have you ever had a concussion, car accident, slip and fall on your tailbone? *Yes or No*

Are you taking any Vitamins, Supplements, Medications or Herbs, including CBD or THC products? Please list: _____

Do you smoke? Yes or No Do you drink alcohol? Yes or No? How Much? _____

Do you have any previous injuries or surgeries, or health issues you would like me to know about? Please list: _____

By signing this document I give my consent for treatment. I confirm the answers I have given in this form are correct and true. By my signature below I give consent to Gigi Huscroft at Thrive Acupressure. **I hereby release Gigi Huscroft and Thrive Acupressure doing business in person or online; from any and all liability for any injury. I recognize that due to Covid-19 any physical contact will involve some risk.**

Signature _____ Date _____