

Client Health History

*Name _____ DOB _____ Male _____ Female _____
E-mail _____ Phone(H) _____ Phone(C) _____
Address _____ City _____ State/Zip _____
*Occupation _____ Phone(W) _____
*Physician _____
*Emergency Contact _____ Phone _____
Relationship to you _____
*Referred By _____ Phone _____

**** Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.***

Have you ever experienced a professional massage or bodywork session? Yes _____ No _____

What are your massage/bodywork goals? _____

What kind of pressure do you prefer? Light _____ Medium _____ Firm _____

Please list any medications, including OTC that you are currently taking _____

Please list any known allergies _____

Please list any surgeries and/or injuries in the last 2 years _____

Do you experience frequent headaches? ____yes____no

Do you have diabetes? ____yes____no

Do you bruise easily? ____yes____no

Do you suffer from arthritis? ____yes____no

Do you have high blood pressure? ____yes____no

Do you have low blood pressure? ____yes____no

Do you suffer from epilepsy or seizures? ____yes____no

Do you suffer from joint swelling? ____yes____no

Do you have varicose veins? ____yes____no

Do you have any type of infection? ____yes____no

Do you have any contagious disease? ____yes____no

Do you have osteoporosis? ____yes____no

Do you have any known cardiac or circulatory problem?
____yes____no

Do you have numbness or stabbing pains? ____yes____no

Do you suffer from or had blood clots? ____yes____no

Do you suffer from warts? ____yes____no

Do you suffer from lymphedema? ____yes____no

Are you pregnant? ____yes____no
If "yes" how far along? _____

Please continue on back

***Please sign both sections below**

If you answered "yes" to any questions please explain_____

Please list any areas of pain you may have:_____

Any other concerns or comments_____

**I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any 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 further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are 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. Because massage/bodywork 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 practitioner updated as to any changes in my medical profile and understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.*

***Client Signature**_____ **Date**_____

Therapists Signature_____Date_____

Consent to Treatment of Minors: By my signature below, I hereby authorize_____ to administer massage/bodywork therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian_____ Date_____

Cancellation Policy

I understand that unanticipated events happen occasionally in everyone's life. Business meetings, project deadlines, flight delays, car problems, snowstorms, and illness are just a few reasons why one might consider canceling an appointment. In my desire to be effective and fair to all of my clients and out of consideration for my time, I ask the following from you.

- **24 hour advance notice** when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment.

Arriving late

Appointment times have been arranged specifically for you. If you arrive late your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, I will determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the "full" session.** *Out of respect and consideration to the therapist and other customers, please plan accordingly and be on time.*

I LOOK FORWARD TO SERVING YOU,

Tina Wickersheim

***Client Signature**_____ **Date**_____