

CLIENT INTAKE / HEALTH HISTORY

Name _____ Age _____ Sex _____

Contact Number _____ Occupation _____

Contact Email _____

Have you received bodywork/massage prior to this session? Yes/No

What are your session goals? IE "I want to garden without neck/back pain. I want to exercise intensely.

Have you had any surgery? Yes/No **LIST ALL**

Are you currently taking any medications prescription or over the counter?

- Why are you seeking bodywork/massage therapy?
- Are you experiencing pain/discomfort?
- Where is the location of the pain/discomfort?
- How and when did the pain/discomfort begin?

What were you doing when you first noticed it?

- What level of pain/discomfort are you experiencing? There may be a range IE "3-6" 0 to 10, with "0" meaning "no pain," and "10" meaning "unbearable pain
- Is the pain/discomfort constant, or does it vary in intensity?
- Do you associate the pain/discomfort with a specific movement or activity?
- Have you ever sought medical attention for this condition? Describe treatment history for this problem.
- Do you have tingling, numbness, or pain anywhere else?

Please circle all that apply regarding your session today as well as prior diagnosis for any of the more serious diseases/dysfunctions even if you are not currently experiencing symptoms. PLEASE INCLUDE ANY CONDITION NOT LISTED

High blood pressure	blood clots	arthritis	diabetes	
Eczema/psoriasis		heart condition	bone spurs	allergies
Sun burn	bruise easily		cancer	varicose veins

PLEASE USE SPACE BELOW TO INCLUDE ANY OTHER RELEVANT INFORMATION ON YOUR HEALTH HISTORY, INJURY PATHWAY, OR CURRENT CONCERNS YOU WOULD LIKE ADDRESSED AND REVIEWED DURING YOUR SESSION.

OTHER:

Informed Consent to Treatment and Confidentiality Policy

1. I understand that the modalities performed during my massage/bodywork session have been outlined and explained during my BodyReading Assessment and I have agreed to receive and consent for the techniques I am receiving today and in future sessions. If my status changes and I require new techniques, I understand that I will be informed prior to their application.
2. I understand that all information and dialogue exchanged during my session is confidential. Information from these sessions will only be shared once I have signed a written consent form for the Bodyworker and given my permission to disclose services, status, techniques and plan of treatment to a third party. I do understand that requests from a lawyer are not law and that all requests for information will be first brought to my attention and disclosure approved by myself.
3. If I experience pain or inappropriate discomfort beyond an acceptable level, or I am uncomfortable with a particular technique or draping I will inform my practitioner and said draping or technique will be adjusted.
4. I understand that all techniques and dialogue about my body and session are administered in light of improving wellness, exercise participation, and self awareness of my health and fitness levels.
5. I understand that I will be given verbal confirmation of any specific restriction palpated during my Bodywork Session.
6. I agree to arbitration should I pursue legal avenues for damages thought to be sustained during my massage session. This is an alternative to going to court for dispute resolution. .
7. I am able and responsible for entering the building completing clothing change and any hygiene that may be needed while alone in rest room or bodywork space.
8. I have disclosed that I am able to ambulate and ascend and descend stairs independently and do not require supervision or assistance to perform the activities while entering and leaving the treatment space. Should this status change I will disclose this change PRIOR to coming to my Bodywork session.
9. I understand that I am not intended to use or touch any equipment, supplies, or materials located in the Bodywork treatment space. Any exercise equipment that is available in adjoining rooms and not used for Bodywork will not be used or touched while under the services of my Bodyworker. If I am using a room other than the Bodywork room I will be instructed in proper use of yoga mat or rolling tubes. NO EXECUTION on Pilates or Gyrotonic equipment will be approved by my Bodyworker unless in a supervised situation.

Both Client and Practitioner have read and agree to the above information and have reviewed all of the information as signed below. The client acknowledges understanding of Client Bill of Rights and Informed Consent and Confidentiality Policy.

Client Signature _____ Bodyworker Signature _____