Appointment Details:

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_**

**Service: \_\_\_\_\_\_\_\_\_\_\_\_\_ Length: \_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary reason for appointment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you find us? / Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous experience with bodywork (massages) Yes / No**

**Please check all conditions that apply now, or in the past, and give details below:**

* **Allergies, sensitivities Yes / No**
* **Arthritis / tendonitis Yes / No**
* **Blood clots Yes / No**
* **Cancer, tumors Yes / No**
* **Chronic pain Yes / No**
* **Headaches (how often?) Yes / No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Injuries Yes / No**
* **Joint pain Yes / No**
* **Muscle pain (neck/back/shoulder,…) Yes / No**
* **Numbness / tingling Yes / No**
* **Skin allergies Yes / No**
* **Sprains / strains Yes / No**
* **Carpel tunnel Yes / No**
* **Constipation / diarrhea Yes / No**
* **Head injuries Yes / No**
* **Heart / lung conditions Yes / No**
* **High / low blood pressure Yes / No**
* **Depression Yes / No**
* **Diabetes Yes / No**
* **Fatigue Yes / No**
* **Infectious diseases Yes / No**
* **Rashes / athletes foot Yes / No**
* **Sleep difficulties Yes / No**
* **Sinus problems Yes / No**
* **Varicose veins Yes / No**
* **Other conditions Yes / No**
* **Currently on mediations Yes / No**

**Females:**

* **Pregnancy Yes / No**
* **Menstrual cycle Yes / No**

**Do you have any other conditions of which I should be aware, including surgeries and accidents? If yes, please explain**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand the bodywork therapy provided is for the purpose of stress reduction, relief from muscular tension and spasms, increasing circulation, energy flow, and overall health. The therapists do not diagnose illness or disease, nor do they prescribe any medical treatments. I acknowledge that bodywork is not a substitute for medical examination or diagnosis, and it is recommended that I see a health care provider for that service. I have stated all medical conditions and will update the practitioner with any changes in my health status on subsequent visits.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_