

Client Information Form

In order to better understand you so that I may help you, please answer the following questions with short answers or circle the appropriate answer. Continue on back if needed!

Name:
Energy level

Date:

Consistent during the day?

Dip at certain times of the day?

How easy is it for you to relax? _____
Are you easily stressed? _____

Sleep

Do you have trouble staying awake?

Any trouble falling asleep?

Staying asleep?

Waking up early?

Glands

Have you ever been told by a health professional you have abnormal hormone levels? _____

Do you experience night sweats or hot flashes? _____

Are you very sensitive to ambient temperature? _____

Do you consider yourself over or underweight? _____

Diet

Certain tastes that appeal to you?

Salty...

Sour...

Hot...

Sweet...

Spicy....

Do you eat 5 serving of vegetables per day, where at least one is a leafy green? _____

Frequency of: tea.... coffee.... alcohol..... smoker...

Drinking fluids How many glasses of water do you drink per day?

Like hot?

Like cold?

Like room temperature?

Body Temperature

Tend to feel?

Cold....

Hot....

Any specific areas of the body?

Aversion to cold weather...

Aversion to hot weather..

Elimination: Do you have regular bowel movements? _____
Any concern with passing urine or infections? _____

Women:

Amount of blood flow?

Excess __

Moderate __

Slight __

Color of flow? Fresh red __ Dark red __ Pale red __ Purple __ Brown __

Clots? __ Clot size __ Pain with period? Before __ During __ After __

Nature of pain? Sharp/ Stabbing/ Burning/ Dull / Bloated/ Constant/ Intermittent

Location of pain? _____ (low abdomen, low back, thighs...) Have you or are you seeking fertility support? __ If so, describe history: _____

Results and Dates of last:

PAP Smear _____ Bone Density Scan _____ Mammogram _____

Exercise

What physical activities, hobbies, sports and home activities are part of your daily living?

Muscles

On a scale of 1 to 10 (10 being very flexible), how flexible are you? _____

How strong are you? _____

Please take a moment and carefully read the following, then sign where indicated. Thank you.

I understand that the bodywork/yoga 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 may be adjusted to my level of comfort. I further understand that this bodywork/yoga 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 physical or mental ailment that I am aware of. I understand that bodyworkers and yoga therapist are not qualified to perform spinal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session(s) given, should be construed as such. Because bodywork/yoga is contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all my known medical condition, and answered all questions honestly. I agree to keep the practitioner informed as to my current medical condition and any changes in my medical profile, and understand that there shall be no liability on the practitioner's part should I forget to do so.

Signed _____

Date _____

Therapist _____

thank you!