**Personal Information**

**Basic Information**

First Name Click or tap here to enter text. Last Name Click or tap here to enter text.

Date of Birth Click or tap to enter a date. Occupation Click or tap here to enter text.

**Contact Information**

Email Click or tap here to enter text. Phone Click or tap here to enter text. Cell

Address1 Click or tap here to enter text.

Address2 Click or tap here to enter text.

City Click or tap here to enter text.

**Emergency Contact Information**

Contact Name Click or tap here to enter text. Phone Click or tap here to enter text.

Relationship Click or tap here to enter text.

Doctor’s Name Click or tap here to enter text. Phone Click or tap here to enter text.

**Complaint Information**

Primary Complaint Click or tap here to enter text.

How Long Since First Noticed Click or tap here to enter text.

Cause of Injury or Concern Click or tap here to enter text.

Past Treatment Click or tap here to enter text.

**Existing Conditions**

****

Please indicate areas of pain or discomfort

**Soft Tissue / Joint Dysfunction**

Ankles (Left)

Ankles (Right)

Feet (Left)

Feet (Right)

Hips (Left)

Hips (Right)

Legs (Left)

Legs (Right)

Knees (Left)

Knees (Right)

Shoulders (Left)

Shoulders (Right)

Arms (Left)

Arms (Right)

Hands (Left)

Hands (Right)

Neck (Left)

Neck (Right)

Upper Back (Right)

Upper Back (Left)

Mid Back (Left)

Mid Back (Right)

Lower Back (Left)

Lower Back (Right)

**Respiratory**

Asthma

Shortness of Breath

Bronchitis

Chronic cough

Emphysema

**Cardiovascular**

Blood Clots

Cold Hands

High Blood Pressure

Pacemaker

Varicose Veins

Cardiovascular Accident

Congestive Heart Failure

Low Blood Pressure

Phlebitis

Cerebral-vascular Accident

Heart Attack

Lymphedema

Stroke

Cold Feet

Heart Disease

Myocardial Infarction

Thrombosis/Embolism

**Skin**

Bruise Easily

Skin Irritations

Hypersensitive Reaction

Melanoma

Skin Conditions

**Existing Conditions Cont’d.**

**Head & Neck**

Ear Problems

Migraines

Headaches

Sinus Problems

Hearing Loss

Vision Loss

Jaw Pain (TMJD)

Vision Problems

**Infectious Conditions**

Athlete's Foot

Respiratory Conditions

Hepatitis

Skin Conditions

Herpes

HIV

**Women**

Gynaecological Conditions Pregnancy

**Family History**

Cardiovascular Conditions Respiratory Conditions

**Miscellaneous**

Allergies

Cancer

Dizziness

Haemophilia

Mental Illness

Other Medical Conditions

Surgical Pins or Wire

Anaphylaxis

Crohn's Disease

Epilepsy

Insomnia

Osteo Arthritis

Rheumatoid Arthritis

Artificial Joints / Special Equipment

Diabetes

Fibromyalgia

Loss of Sensation

Osteoporosis

Shingles

Arthritis

Digestive Conditions

Gout

Lupus

Other Diagnosed Diseases

Stress

**Neurological**

Burning

Numbness

Cerebral Palsy

Parkinsons

Herniated Disc

Stabbing

Multiple Sclerosis

Tingling

Allergies and other conditions your provider should be aware of Click or tap here to enter text.

**Medications**

Please list any medications or drugs you are currently on

Click or tap here to enter text.

**Client Waiver Form**

**Please take a moment to read and tick the following information:**

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

I affirm that I have notified my therapist of all known medical conditions and injuries.

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist’s part should I forget to do so.

I understand that massage is entirely therapeutic and non-sexual in nature.

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

I have read the statement above and agree to all the policies.

Client Signature Click or tap here to enter text. Date Click or tap to enter a date.



**Rediscovering Equilibrium**

**A balanced approach to bodywork**