

# Beth Elliott Bodywork, LLC

## NC LMBS #12701

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Referred by: \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Physician \_\_\_\_\_

*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.*

Do you frequently suffer from stress? \_\_\_\_\_

Do you experience frequent headaches? \_\_\_\_\_

Do you have diabetes? \_\_\_\_\_

If female, are you pregnant? \_\_\_\_\_

Do you suffer from arthritis? \_\_\_\_\_

Are you wearing contact lenses? \_\_\_\_\_

Are you wearing dentures? \_\_\_\_\_

Do you have high blood pressure? \_\_\_\_\_

Are you taking HBP medications? \_\_\_\_\_

Do you suffer from epilepsy or seizures? \_\_\_\_\_

Do you suffer from swollen joints? \_\_\_\_\_

Do you have varicose veins? \_\_\_\_\_

Do you have any contagious diseases? \_\_\_\_\_

Do you have osteoporosis? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Do you bruise easily? \_\_\_\_\_

Any broken bones in the last two years? \_\_\_\_\_

Any injuries in the past two years? \_\_\_\_\_

Do you have any specific tension/soreness? \_\_\_\_\_

Do you have cardiac or circulatory problems? \_\_\_\_\_

Do you suffer from back pain? \_\_\_\_\_

Do you have numbness or stabbing pain? \_\_\_\_\_

Are you sensitive to touch or pressure in any areas? \_\_\_\_\_

Have you had any surgeries? \_\_\_\_\_

Any other medical condition or medications? \_\_\_\_\_

**Please use the back of this form to explain any “yes” answers to the above questions.**

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 or 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 there shall be no liability on the practitioner's part should I fail to do so. I also 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 \_\_\_\_\_

