

Date of Initial Visit _____

How did you hear about my practice? On-line Search Event Direct Mail

Referral - Who may I thank for the referral _____

Name _____

Address _____

Phone _____ Email _____

Emergency Contact/phone _____

D.O.B _____ Occupation _____

What physical activities/exercise do you participate in?

What is your goal for today's session?

Medical History (Please circle all that apply)

Allergies	Easy Bruising	Hypertension	Osteoporosis
Blood Clots	Fibromyalgia	HIV Positive	Pregnancy (currently)
Cancer	Headaches	Herniated Disc	Phlebitis
Diabetes	Heart Disease	Joint Replacement	Rheumatoid Arthritis
Epilepsy	Herpes I or II	Numbness	Skin Sensitivity
TMJD	Varicose Veins	Osteoarthritis	Neuropathy
Stroke	Sinus Problems	Tendonitis	Bursitis
High BP	Low BP	Stroke	Migraines

Describe any **medical conditions** and/or **injuries, movement limitations, muscle tightness, chronic issues/weakness** or **imbalances** (previous or current)

List any **surgeries** within the past 5 years and/or any **acute injury** or **trauma**? Please list dates if known:

Are you currently under medical supervision? _____ For what condition?

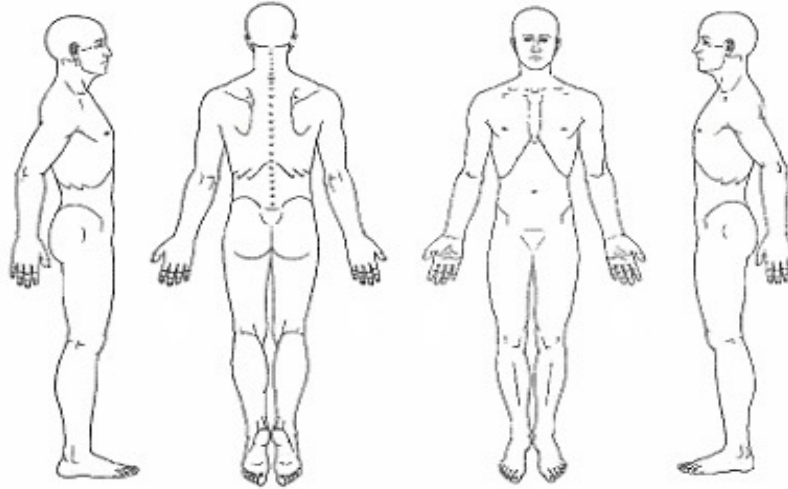
Please list any medications that you are currently taking _____

Do you wear contacts _____ Dentures _____ Hearing Aids _____ Pacemaker _____

Joint Replacement Metals _____

Please describe your specific movement or fitness goals that you would like to accomplish?

Please indicate in the body map below any areas of pain or discomfort or limited range



Use this space above for any additional information you think may be helpful

Informed Consent

This information will be treated confidentially. In order to maximize the effectiveness and safety of massage please give your feedback during and after the sessions. This will help in tailoring the therapy to serve in the best possible way.

I have read the above information and discussed it with my practitioner. I understand that my practitioner is not trained in the diagnosis and treatment of disease and that this work does not constitute medical treatment. It is a form of health and wellness maintenance, utilizing techniques of traditional massage and bodywork. I take responsibility for alerting my practitioner to any physical or mental conditions that would affect this work.

Cancellation Policy

Late cancellations and missed appointments will be charged the full value of the session.

Signature _____ Date _____