



Client Information

PAT# _____

Please complete and sign

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: Male Female Other

Home Phone: _____ Cell Phone: _____

How did you hear about us? _____

Please take time to accurately fill out the following questions to the best of your knowledge, as hydrotherapy may be indicated or contraindicated for you today. Certain medical conditions may require a referral or permission from your doctor. Thank you for your time!

- | | | | |
|---|-----|----|-----|
| 1. Have you ever experienced any type of hydrotherapy before? | Yes | No | |
| 2. Are you pregnant? | Yes | No | N/A |
| 3. Are you currently experiencing your menstrual period? | Yes | No | N/A |
| 4. Are you currently taking any medications? | Yes | No | |
| 5. Have you had an acute illness in the past 2 weeks? | Yes | No | |
| 6. Do you have sensitivities to heat or cold? | Yes | No | |
| 7. Have you eaten today? | Yes | No | |
| 8. Have you hydrated today? | Yes | No | |

Explain any Yes answers: _____

Client/Therapist Release & Agreement

I understand that the hydrotherapy I receive is provided for the basic purpose of balancing the nervous system. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the treatment may be altered or stopped. I affirm that I have stated all my known medical conditions and have answered all questions honestly.

I authorize the massage therapists to render hydrotherapy to me (or my dependent/minor child).

Client Signature: _____ **Date:** _____

(Or client's parent/guardian, if under 18 years of age)

For Office Use Only
