



New Client Information

YEAR: _____

LAST INITIAL: _____

Date of Birth: ___/___/___

Today's Date: ___/___/___

Name: _____

Phone (home): _____ Phone (mobile): _____

Address: _____

City, State, Zip: _____

Email address: _____

Emergency Contact: _____ Phone number: _____

How did you hear about us? _____

What is your current occupation/employer? _____

Y N Do you currently have any condition that would prevent you from lying comfortably on your back, stomach, or side for an extended amount of time?
(If yes, please explain) _____

Y N Are you allergic or sensitive to perfumes, fragrances, or oils (essential oils, nut oils, etc)?
(If yes, please list any that you are sensitive to) _____

Y N Are you sensitive to touch/pressure in any area? If yes, please explain _____

Y N Have you ever had a professional **Massage** session before today?
When was your last session? _____
Frequency of previous sessions? _____

Y N Have you ever had a professional **Reiki** session before today?
When was your last session? _____
Frequency of previous sessions? _____

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It promotes a productive energy and a sense of wellness.**



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Health History

Check the following conditions that apply to you, past and present. Please add your comment to clarify any condition

Musculo-Skeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains/sprains
- Back, hip pain
- Shoulder, neck, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems walking
- Jaw pain/TMJ
- Tendinitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone or joint disease
- Other: _____

Circulatory and Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Cold feet or hands
- Cold sweats
- Swollen ankles
- Pressure sores
- Varicose veins
- Blood clots
- Stroke
- Heart condition
- Allergies
- Sinus problems
- Asthma
- High blood pressure
- Low blood pressure
- Lymphedema
- Other: _____

Skin

- Rashes
- Allergies
- Athlete's Foot
- Warts
- Moles
- Acne
- Cosmetic surgery
- Other: _____

Digestive

- Nervous stomach
- Indigestion
- Constipation
- Intestinal gas/bloating
- Diarrhea
- Irritable bowel syndrome
- Crohn's Disease
- Colitis
- Adaptive aids
- Other: _____

Nervous System

- Numbness/tingling
- Twitching of face
- Fatigue
- Chronic pain
- Sleep disorders
- Ulcers
- Paralysis
- Herpes/shingles
- Cerebral Palsy
- Epilepsy
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Spinal cord injury
- Other: _____

Reproductive System

- Pregnancy:
 - Current
 - Previous
- PMS
- Menopause
- Pelvic Inflammatory Disease
- Endometriosis
- Hysterectomy
- Fertility concerns
- Prostate problems

Other

- Loss of appetite
- Forgetfulness
- Confusion
- Depression
- Difficulty concentrating
- Drug use _____
- Alcohol use _____
- Nicotine use _____
- Caffeine use _____
- Hearing impaired
- Visually impaired
- Burning upon urination
- Bladder infection
- Eating disorder
- Diabetes
- Fibromyalgia
- Post/Polio Syndrome
- Cancer
- Infectious disease (please list) _____
- Other congenital or acquired disabilities (please list) _____
- Surgeries _____
- Other: _____

For clients who need mobility assistance, please give your height: _____ weight: _____

Please list all medications that you are currently taking and the condition(s) you are taking them for: _____

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Information and Suggestions

- Please shower within 24 hours prior to your bodywork session.
- Prior to your bodywork, please remove all jewelry and notify your therapist if you are wearing contact lenses.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session.
- This is your session and you should be as comfortable as possible. Feel free to ask your therapist any questions before, during, or after the session.
- Bodywork can release cellular waste products; therefore, it is beneficial to drink plenty of water after your session to flush your body of these toxins.

Statement of Understanding

Please initial each statement

___ I understand that Bodywork, such as Reiki and Massage, combines non-invasive hands-on energy and/or tissue manipulation techniques that are intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

___ I understand that Bodyworker Therapists do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Bodywork does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Bodywork can complement medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I have discussed any major illness or condition with my physician as needed and have received clearance to receive bodywork.

___ I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

___ I understand that all massage therapy and bodywork offered is strictly non-sexual. If any sexual comment, suggestion, or advancement ensues, it shall result in immediate termination of the massage session.

___ I understand that no information about my visit(s) or condition(s) will be discussed or shared with any third party without my written consent (or parent/guardian if the client is under 18).

___ I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

___ I understand that when I schedule an appointment time is set aside to prepare for and focus on me and my needs. I will be considerate by providing at least 24 hour advanced notice if I need to cancel a session. I understand that I will be charged at the regular session rate for any appointments I miss or cancel with less than 24 hour notice. Likewise, if I am late to an appointment, the session will end at the scheduled time and I will be charged the full amount.

___ I agree to actively participate, as much as possible, in my own healing and health maintenance.

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

Signed: _____ Date: ____/____/____

Print name: _____

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