

1. Client Information

Name: Date of birth: / /
Prefer to be called: Pronouns:
Address: City/State/Zip:
Occupation: Referred by:

Finding Balance uses an online booking software which will send automatic appointment reminders via email and text message.

Email Cell number: () -

Would you like to be added to the newsletter? (Y/N)

Emergency Contact: Relation:

Phone: daytime () - evening () -

2. Self Care Summary

How do you reduce stress?

How do you reduce pain?

List current medications (including pain relievers and herbal remedies):

Have you received massage therapy before? (Y/N)

Frequency Types:

What are your goals for receiving massage therapy?

3. Pain Summary

Using the standard pain scale of 1 being no pain and 10 being the worst pain:

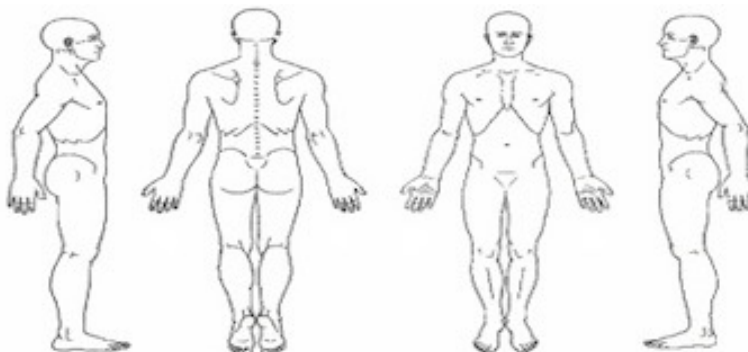
How much pain are you in right now?

How much pain have you been in over the last two weeks?

Over the last month?

Please mark the following on the picture below:

O general pain X acute pain ^^^^ scars :::: stiffness



4. Health History

(mark C for current, P for past)

Musculoskeletal:

- Bone or joint disease
- Fractures/broken bones
- Tendonitis/bursitis
- Arthritis/gout
- Jaw pain (TMJ)
- Spinal problems/deviations
- Osteoporosis

Respiratory

- Breathing difficulties
- Asthma
- Sinus problems
- Allergies, specify:

Nervous System

- Shingles
- Numbness/tingling
- Chronic pain
- MS

Circulatory:

- Heart condition(s)
- Varicose veins
- Blood clots/Anticoagulant therapy
- Edema/ Lymphedema
- Aneurysm
- High/low blood pressure (controlled/
uncontrolled)
- Thrombosis/embolism

Skin

- Rashes
- Hypersensitivity/sensitivity of skin
- Athlete's foot
- Allergies, specify:

Other

- Cancer/malignancy
- Diabetes
- Migraines
- Rheumatoid arthritis
- Localized infection
- Open wounds/sutures
- Injuries/surgeries
- Contact lenses/ Hearing aids
- Pregnancy
weeks:_____

Please explain any of the conditions that you marked above:

Please list/explain any medical conditions not specifically addressed above:

Cancellation Policy

In fairness to other clients and my practitioner, 24 hour notice is expected for the cancellation/ rescheduling of an appointment. Should an emergency arise within the 24 hour period, I will contact my practitioner immediately to reschedule my appointment. ***If canceling/rescheduling happens within the 24 hour window, I will be responsible for the full price of the appointment which will be paid before booking any future appointments.*** The same applies if an appointment is missed without calling to cancel.

Initial/date: _____

Client Agreement

Massage and bodywork therapy practices are designed to promote and maintain the health and well-being of the client. Massage and bodywork therapies do not include the diagnosis of illness, disease, impairment, or disability. I acknowledge that massage therapy is not a substitute for medical care, medical examination, or diagnosis.

If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or manipulations may be adjusted to my level of comfort. Because massage and bodywork therapy may be contraindicated due to certain medical conditions, I affirm that I have informed the therapist of all my known medical conditions and will keep the therapist updated as to any changes in my medical condition.

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage.

I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments.

Signature: _____ Date: _____

Signature of parent or legal guardian if client is a minor:
