Client Information

Dynamic Directions

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home: ( ) _____ Cell: ( ) _____ Work: ( ) _____

Email: _____

Occupation: _____ Male ❑ Female ❑

Referred by: _____

Emergency contact: _____ Phone: _____

- Have you had professional massage or bodywork before? yes ❑ No ❑ How recently? _____
- What are your massage/bodywork goals? _____

✢ If you answer "yes" to any of the following questions, please explain as clearly as possible in the space provided below ✢

1. Do you frequently suffer from stress? yes ❑ no ❑
2. Do you experience frequent headaches? yes ❑ no ❑
3. Do you suffer from joint swelling? yes ❑ no ❑
4. Do you bruise easily? yes ❑ no ❑
5. Do you have tension or soreness in a specific area? yes ❑ no ❑
6. Do you suffer from back pain? yes ❑ no ❑
7. Do you have numbness or stabbing pains? yes ❑ no ❑
8. Are you sensitive to touch or pressure in any area? yes ❑ no ❑
9. Have you ever had a colon cleanse? yes ❑ no ❑
10. Have you had any serious injuries in the past 2 years? yes ❑ no ❑
11. Do you have diabetes? yes ❑ no ❑
12. Do you have varicose veins? yes ❑ no ❑
13. Do you have high blood preasure? yes ❑ no ❑
14. Do you have cardiac or circulatory problems? yes ❑ no ❑
15. Do you suffer from arthritis? yes ❑ no ❑
16. Do you suffer from epilepsy or seizures? yes ❑ no ❑
17. Do you have any contagious diseases? yes ❑ no ❑
18. Do you have osteoporosis? yes ❑ no ❑
19. Do you have any allergies? yes ❑ no ❑
20. Do you have any other medical conditon, or are you taking any medications I should know about? yes ❑ no ❑

✢ Provide your explanations here:

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I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief from 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 adjustment, 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 _____

➤ Practitioner Signature _____

Consent to Treatment of Minor: By signing this form, I hearby authorize _____ to administer massage, bodywork, or somatic therapy techniues to my child or dependent as they deem necessary.

➤ Client Signature _____ Date _____

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Name: _____ Date: _____

Why are you here? _____

Do you have pain right now? yes ❑ no ❑ If yes, where: _____

Describe any surgeries, scars, accidents, falls or injuries that you've had:

When did it happen?	What happened?

Do you have bladder or digestive issues ? yes ❑ no ❑ If yes, please describe: _____

Use this space to describe any other issues or concerns you would like me to know about: _____

Female Clients:

Do you have uterus issues? yes ❑ no ❑

Please describe: _____

When was your last period? _____

Have you ever had an IUD? yes ❑ no ❑

If yes, when and for how long: _____

Number of pregnancies: _____

Number of full-term pregnancies: _____

Number of fast births: _____

Number of slow births: _____

Number of episiotomies: _____

Male Clients:

Do you have prostate issues? yes ❑ no ❑

If yes, please describe: _____