CLIENT INFORMATION

Name_____ Date of Birth _____ Age _____

Address_____ City _____ State_____ Zip _____

Home Phone _____ Work/Cell Phone _____

Email _____ Add to email list? Y____ N ____

Occupation _____ Referred by _____

Emergency Contact _____ Phone _____

Have you experienced professional massage/bodywork? Y ____ N ____ Date of last session _____

What pressure do you prefer? Light ____ Medium ____ Firm ____ Do you bruise easily? Y ____ N ____

Women only: Are you pregnant? Y ____ N ____ Due date _____

Please list your stress reduction, hobbies, exercise or sports participations:

_____

Please list any injuries or surgeries within the past 5 years:

_____

HEALTH HISTORY Please mark an **X** by all current conditions and **P** for all past conditions

____ Abdominal / Digestive Problems	____ Depression	____ Rash/Fungus
____ Allergies	____ Diabetes	____ Sinus Problems
____ Anxiety	____ Fatigue	____ Sleep difficulties
____ Arthritis/tendonitis	____ Headaches, Migraines	____ Spinal disorders
____ Asthma or lung condition	____ Hearing problems	____ Sprain/strain
____ Athlete's foot	____ Hernia	____ Tension/stress
____ Blood clots	____ High blood pressure	____ Vision problems
____ Chronic pain	____ Jaw pain/ TMJ pain	____ Varicose Veins
____ Circulatory/ heart problems	____ Low blood pressure	____ other
____ Constipation/diarrhea	____ Muscle/bone injuries	
	____ Numbness/tingling	

Elaborate on noted areas above:_____

Are you taking any medications? Please list: _____

Do you have any other medical conditions? Please explain: _____

_____

Have you ever been treated for cancer? _____

What is/are your main goal (s) for the session today, and long term goal (s):

_____

Client signature _____ Date _____ Parent/Guardian _____

Office use: CONTACT UPDATE SQUARE UP__ GOOGLE__ TYC DATE: _____ F/U: DATE: _____

CLIENT INFORMATION

CANCELLATION POLICY

We require a 48 hour notice when cancelling appointments. If not enough notice is given the full fee for services will be charged. If session is part of a series package then full session will be deducted from package. If session is a gift certificate then gift certificate will be counted as redeemed. You don't have to leave a credit card on file, however charges need to paid in full before next appointment can be completed.

Client initials _____

LATE POLICY

If client is late, therapist, will do their best to accommodate client. In case that accommodations cannot be made, full price is due for session, and client will receive the scheduled time remaining. In case the therapist is late, full scheduled session will be completed, in case time needs to be shortened session will be pro-rated.

Client initials _____

RELEASE FOR TREATMENT

I have stated all conditions that I am aware of and this information is true an accurate to the best of my knowledge. I will inform my therapist and ALIGN BODYWORK & YOGA if anything changes in my status. I understand that the massage/bodywork I receive is for purposes of stress reduction and the relief of muscular tension, spasms or pain. If I experience any pain or discomfort I will immediately inform my therapist so that the pressure/methods can be adjusted to my comfort level. It is understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be responsible for the full payment of the appointment. I understand that therapist does not diagnose, nor perform any spinal manipulations, and does not prescribe any medications/treatments. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my healthcare provider for those services. I understand that I am receiving massage therapy at my own risk. In the event that I become injured directly or indirectly as a result, in whole or in part, of aforesaid massage therapy I hereby hold harmless and indemnify ALIGN BODYWORK & YOGA, their principals, and agents from all claims and liability whatsoever.

Client initials _____

CONSENT TO TREATMENT OF MINOR:

By my signatures below, I authorize ALIGN BODYWORK& YOGA and it's therapists to administer massage, bodywork, somatic therapy techniques to my child or dependent as she deems it necessary

Client initials _____

Client signature _____Date _____ Parent/Guardian _____