



ALIGN BODYWORK AND YOGA CLIENT INFORMATION

Name _____ Date of Birth _____ Age _____

Address _____ apt. _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____ Add to email list? Y _____ N _____

Occupation _____ Referred by _____

Emergency Contact _____ Phone _____

How would you like to receive communications? Text _____ Phone Call _____ Email _____

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 _____

Have you received Cupping? Y _____ N _____ last session _____

Have you received Microcurrent before? Y _____ N _____ last session _____

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

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

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 INFORMATION

Cancellation Policy

We require a 48-hour notice when canceling appointments. If the 48-hour notice is not given the full fee for the services will be charged. If the session is part of a series package/program, the full session will be deducted from the package. If the session is a gift certificate the gift certificate will be counted as redeemed. You don't have to leave a credit card on file; however, cancelations and no shows need to be paid in full before completing the next appointment.

Client initials _____

Late Policy

If the client is late, the therapist will do their best to accommodate the client. In case that accommodations cannot be arranged, the full price is due for the session, and the client will receive the scheduled time remaining. In case the therapist is late, a full scheduled session will be completed. In case time needs to be shortened, the 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 and 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 stress reduction and the relief of muscular tension, spasms, or pain. If I experience any pain or discomfort, I will immediately inform the therapist to adjust the pressure/methods to my comfort level. Any illicit or sexually suggestive remarks or advances made by me will immediately terminate the session, and I will be responsible for the full payment. I understand that the therapist does not diagnose or 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 AND YOGA, INC., their principals, and agents from all claims and liability whatsoever.

Client initials _____ Client signature _____ Date _____

Consent to treatment of Minor:

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

Client signature _____ Date _____ Parent/Guardian _____