

Health History Form

Name _____ Today's date ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Email address _____

Phone: Cell _____ Home _____ Date of Birth ____ / ____ / ____

Occupation _____

Emergency Contact _____ Phone _____ Relationship _____

Referred by _____

Please list any surgeries, hospitalizations, accidents or serious injuries you have had (include dates):

Do you have any chronic conditions or illnesses? _____

Have you ever been treated for cancer? Y N If yes, please describe:

Are you currently being treated by a doctor or another health care practitioner? Y N If yes, for what condition?

Are you experiencing any pain, fever or swelling today? Y N If yes, please describe:

Are you currently taking any medications (including over the counter and supplements)? Y N Please list:

What is the primary reason you are getting a session today? _____

Do you have any allergies? Y N If yes, please explain: _____

For women: Are you pregnant? Y N If yes, what week? _____

Scope of Practice

The benefits of therapeutic bodywork include relief of muscle tension and pain, relaxation, increased energy, reduction of stress and anxiety, improved circulation, digestion, immunity, flexibility, breathing, posture, and a greater sense of the mind-body-spirit connection. The therapeutic bodywork session is an experience jointly created by the therapist and the client. I will listen and respond to your words and to the tissues in your body to create a safe, healthy and healing session for you.

I do not diagnose, prescribe medications, or give advice with regard to medical conditions. If you are experiencing a condition that contraindicates bodywork, I may refer you to another healthcare provider.

Ethics & Privacy

My practice is strictly non-sexual. Any behavior that might be interpreted as sexual in nature will result in immediate termination of the session without refund of the session fee. I follow the guidelines of privacy of information according to HIPPA. All information shared during the session is strictly confidential.

Cancellation Policy

“No-shows” or appointments cancelled less than 24 hours in advance will be charged the full fee, unless you are ill or have an emergency. If you arrive late, I will still have to end at the scheduled time, resulting in a shorter session. All returned checks incur a fee of \$25.

Informed Consent

I acknowledge that the information I provided in this form is complete and accurate. I stated all my known medical conditions and medications, and will inform the therapist of any changes in my health status. I understand the information provided is strictly confidential. I also understand the scope of this bodywork practice and the policies listed above.

Signature _____ Date ____ / ____ / ____