Confidential Client Record

Name: _____ Date: _____

Street: _____ Town: _____ State: ____ Zip: _____

Phone: (C) _____Emergency Contact_____

Email: _____

Occupation: _____ Birth date: _____

Marital Status: _____ Children: _____

Do you use: Caffeine: _____ Nicotine: _____ Alcohol: _____

Allergies: _____

Primary goals for today's session: __ _____

How did you hear about me*?*

__Website __ Newsletter __ Business Card __ Personal Referral Other: _____

Medical Information

Please check off any current conditions or conditions experienced in the recent past.

___ Arthritis
___ Auto Immune Disease
Type: _____
___ Blood clots
___ blood thinners?
___ Bruise easily
___ Cancer
___ Chemotherapy
___ Chronic pain
___ Constipation
___ Contagious disease
___ Depression
___ Diabetes
___ Eating Disorder
___ Epilepsy
___ Fibromyalgia
___ Headaches
___ Heart Condition
___ By-pass surgery
___ Pacemaker
___ Herniated Disk(s)
___ High blood pressure
___ Inflammation/Edema
___ Insomnia
___ Liver/kidney disease
___ Muscle strain/sprain
___ Taking muscle relaxants?
___ Numbness
___ Organ transplant
___ Osteoporosis
___ Paralysis/spasticity
___ Pinched nerve
___ Pregnant (or trying to become)
___ Sciatica
___ Scoliosis
___ Severe cuts
___ Skin condition(s)
Type: _____
___ Spinal fusion
___ TMJ Syndrome
___ Varicose veins
___ Whiplash

Current medications taken: _____

Primary Care Physician(s): _____

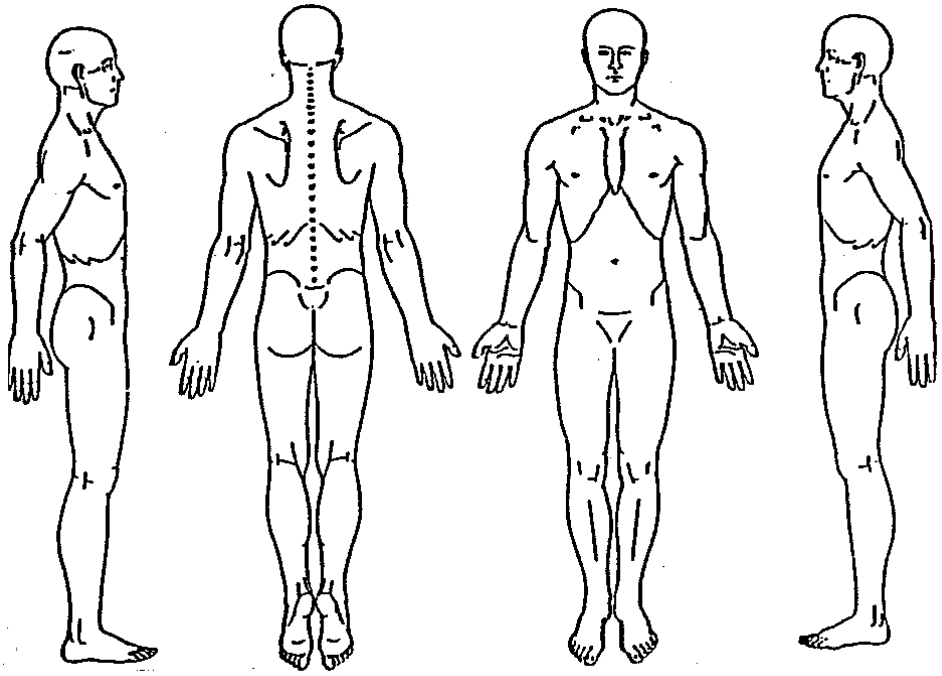
Please use this space to provide any additional medical or health information including any traumas as well as all muscle, bone, or joint injuries regardless of date:

_____

_____

_____

Please mark the diagram below to indicate which areas are currently sore or painful.



The following sometimes occur during massage and energywork. They are normal responses to relaxation and/or touch and you need not be embarrassed or suppress them. Trust your body to express what it needs to:

- Softening of muscle tissue
- Sighing or groaning
- Yawning
- Need to move or change position
- Movement/release of intestinal gas
- Emotional Release
- Energy shifts
- Stomach gurgling
- Memories arising

_____**CANCELLATION POLICY:** If the client cancels their appointment with less than a 24-hour notice, a cancellation fee of 50% of the scheduled session will be paid by the client to Carri Smith within one week of the date of the missed session. A no show will be liable for the full scheduled session.

Please read through the following information and sign below:

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscle tension. If I experience any pain, discomfort during the 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 the 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 adjustments, diagnose, prescribe, or treat any physical mental illness, and 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 the client will result in immediate termination of the session, and I will be liable for payment of the scheduled session. I give my permission to the practitioner to discuss information pertinent to my health condition(s) and treatment with my other health care providers.

Signature: _____ Date: _____

Consent for a minor: By my signature below, I hereby authorize Carri Smith to administer massage/bodywork to my child or dependent as they deemed necessary.

Signature of Parent or Guardian: _____Date:_____