

Client Information Form

IMPORTANT! PLEASE PRINT all your answers to questions and fill in all blanks completely. Thanks!

Name: _____ Home Phone: (_____) _____

Address: _____ Work Phone: (_____) _____

City: _____ Zip: _____ Cell Phone: (_____) _____

Date of Birth: ____/____/____ Height _____ Weight _____ Reminder Calls Phone: H__W__C__

Marital Status: S__M__D__W__ Home Email: (print) _____

Employer: _____ Job Title: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone: (_____) _____

How did you find us?

Gold River Business Group__ Google__ Yahoo!__ Other Internet search__ Word-of-mouth__ Other__

Which Keywords? Myofascial Release__ Massage__ Massage Therapeutic__ Physical Therapy__

Who referred you? _____

General & Medical Information

Yes__No__ Have you ever experienced a professional myofascial release (MFR) or bodywork session?

What do you expect from your session today? _____

If you answer "Yes" to any of the following questions, explain as clearly as possible at your first appointment.

Yes__No__ Do you frequently suffer from stress? Yes__No__ Do you have high blood pressure?

Yes__No__ Do you experience frequent headaches? Yes__No__ Are you diabetic?

Yes__No__ Do you have numbness or stabbing pains anywhere? Yes__No__ Do you have rheumatoid arthritis?

Yes__No__ Do you suffer from joint pain or swelling? Yes__No__ Do you suffer from back pain?

Yes__No__ Have you had any joint replacements? Yes__No__ Do you have osteoporosis?

Yes__No__ Do you have any implants or prosthetics? Yes__No__ Have you ever had cancer?

Yes__No__ Do you have cardiac or circulatory problems? Yes__No__ Do you have an aneurysm?

Yes__No__ Do you have a history of blood clots? Yes__No__ Have you had any broken bones?

Yes__No__ Do you take Coumadin__ Heparin__? Yes__No__ Have you ever had surgery?

Yes__No__ Any accidents or injuries in the past two years? Yes__No__ Allergic to creams, lotions or latex?

Yes__No__ Do you have any scars? Where? _____ Yes__No__ Are you depressed or sad?

Yes__No__ Do you suffer from epilepsy or seizures? Yes__No__ Do you have an IUD inserted now?

Yes__No__ Do you have urinary incontinence, urgency or frequency? Yes__No__ Are you pregnant?

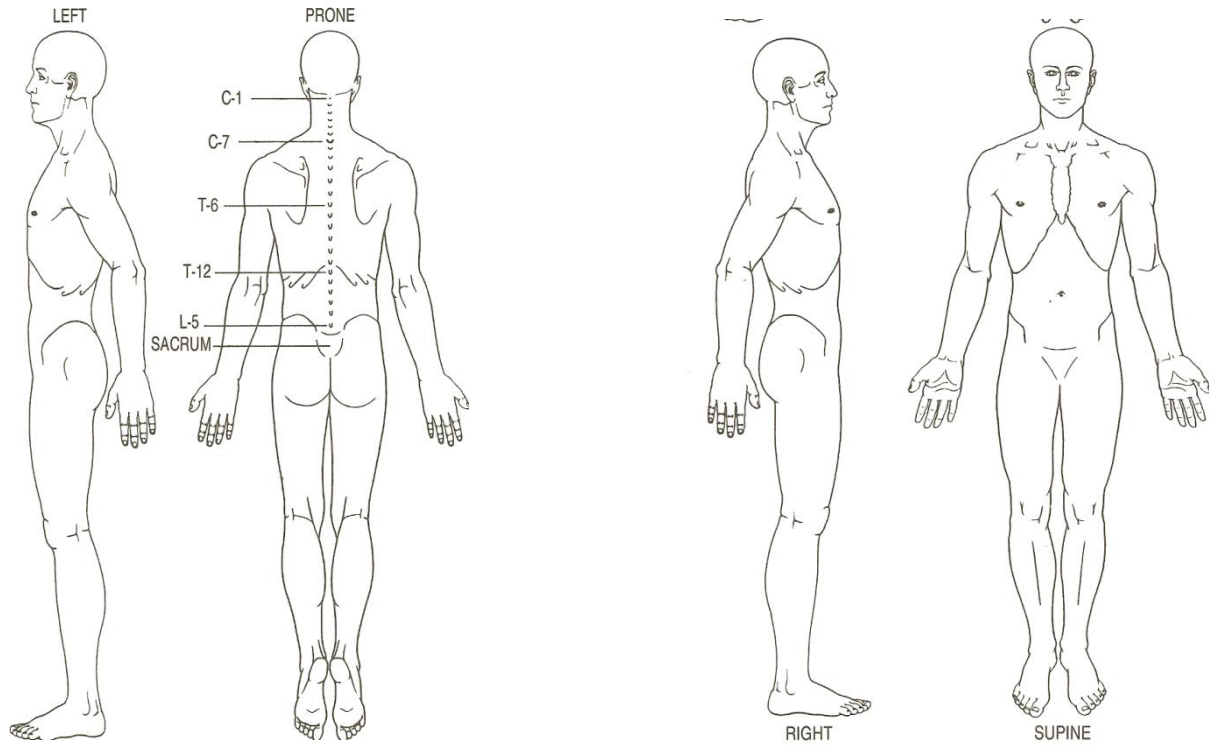
Yes__No__ Do you have any contagious disease? Yes__No__ Do you have breast pain?

Yes__No__ Do you take any other medication? If yes, list. _____

Yes__No__ Do you have any other medical condition of which I should be aware? If yes, explain. _____

(PLEASE GO TO PAGE TWO TO COMPLETE FORM)

Please clearly mark the body chart below with a highlighter any areas of pain, discomfort or tension.



Please take a moment to carefully read the following information and sign where indicated.

I understand myofascial release/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 that I am aware. I further understand that massage/bodywork practitioners do not diagnose physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because myofascial release/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 forget to do so. It is also 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 liable for payment of the scheduled appointment. I understand I will be **CHARGED FOR APPOINTMENTS I CANCEL OR MISS WITHOUT 24 HOURS PRIOR NOTICE** of my scheduled myofascial release/bodywork session. I also understand if I arrive late, I will receive the remainder of my time but will be liable for payment in full.

Client Signature: _____ Date: ____/____/____

Practitioner Signature: _____ Date: ____/____/____