Confidential Client Information Form

Name: **Date:**
Street Address: **Phone:**
City: **State:** **Zip code:** **E-mail:**

Surgeries within the past 5 years:

Injuries within the past 5 years:

Current medication(s) and corresponding condition(s):

Are you currently under the care of a health care professiona1?
If yes, please indicate provider's name(s):

Check if applicable to your current condition and circle if applicable to past health history:

❒ Allergies
❒ Arthritis
❒ Blood clots
❒ Cancer
❒ Contagious condition
❒ Diabetes
❒ Dizziness
❒ Easily bruised
❒ Edema
❒ Fever
❒ Flu/cold/virus
❒ Frequent headaches
❒ Numbness
❒ Osteoporosis
❒ Pregnancy
❒ Sensitivity to touch
❒ Varicose veins

Comments:

Check bodywork previously received:

❒ Massage therapy
❒ Physical therapy
❒ Acupuncture
❒ Chiropractic
❒ Osteopathic
❒ Other

Comments:

Review below statements regarding consent for care:

❒ I understand that massage/bodywork should not be 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.

❒ I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be interpreted as such.

❒ I have stated all my known medical conditions and will inform my practitioner of any change in my health status.

❒ I understand that all information provided is considered private and confidential, however can be shared with other healthcare professionals to support coordinating my care.

Signature _____