Transformational Bodywork

Integrating Body, Mind, and Spirit

Name _____ **Phone (day)** _____ **(night)** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Occupation _____ **Email** _____

Birth date _____ **Referred by** _____

Emergency Contact _____ **Relationship** _____ **Phone** _____

Physician _____ **Phone** _____

GENERAL AND MEDICAL INFORMATION: All answers are strictly confidential.

YES	NO	
☐	☐	Have you ever had a professional massage/bodywork session? How recently? _____
☐	☐	Do you exercise regularly?
☐	☐	Do you stretch on a regular basis?
☐	☐	Do you frequently suffer from stress?
☐	☐	Have you had any orthopedic surgery? What procedures? _____
☐	☐	Any injuries in the past 2 years? Describe? _____
☐	☐	Do you have restricted range of motion in any of your joints? Which ones? _____
☐	☐	Do you have tension or soreness in a particular area? Please specify? _____
☐	☐	Do you have numbness or stabbing pains anywhere? Where? _____
☐	☐	Do you have any unexplained muscle weakness? Where? _____
☐	☐	Do you have sciatica? Which side? _____ How long? _____
☐	☐	Do you grind your teeth or is your jaw very tense?
☐	☐	Do you experience frequent headaches?
☐	☐	Do you receive chiropractic treatments at least once a year?
☐	☐	Are you pregnant? If yes, when is your due date? _____
☐	☐	Are you diabetic?
☐	☐	Do you bruise easily?
☐	☐	Do you have cardiac or circulatory problems? Explain _____
☐	☐	Are you taking any medications I should know about (pain relief, anti-inflammatory, blood thinning)? Which ones? _____
☐	☐	Do you have osteoporosis?
☐	☐	Do you have any other medical condition I should be aware of? Explain _____
☐	☐	Knowing I will keep you fully draped except the part of your body I am working on, are you comfortable disrobing? Completely_____ Partially_____ I'd prefer to keep my clothes on _____ (wear loose or stretchy clothes)

What would you like to get out of this work, both short term and long term?

OVER ↴

Liability Release and Agreement

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Statement of the Work

Transformational Bodywork is a powerful approach to alleviating deep stresses in the body that may have root causes in some emotional or physical or even spiritual domain. Insights may arise in the client as a result of this work, either during or after a session. No diagnosis or prescription is intended if and when discussions about heath and well-being occur. Dialogue that does occur between client and practitioner is not intended to be a substitute for professional counseling.

I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. 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 given should be construed as such. All work that transpires is confidential.

Client's Responsibility

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension. Whenever the work is beyond my limitations or preferences, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known, pertinent medical conditions and have 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.

I understand that there is a 24 hour CANCELLATION POLICY and if I fail to notify the practitioner 24 hours prior to my appointment, I may be asked to pay him for each scheduled hour or portion thereof.

Client's Signature _____ Date _____