



Client Health History

Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____

Email: _____

How did you hear about us? _____

Occupation: _____

In case of emergency, please notify:

Name: _____ Phone Number: _____

Relationship to you: _____

Have you received Myofascial Release therapy before?

If yes, was it the gentle, John F. Barnes approach?

What is the primary complaint that brings you here today?

Secondary complaint?

How long have you been having this pain/issue?

Have you seen Doctor, Chiropractor, Physical Therapy for this issue?

Were the treatments helpful?

What actions make the pain worse?

What actions make the pain better?

Please check if you have had any of the following medical conditions:

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Neurological problems |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Lung disease | <input type="checkbox"/> Circulatory problems |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Epilepsy/seizures |
| <input type="checkbox"/> Broken bone | <input type="checkbox"/> Liver disease | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Metal implants |
| <input type="checkbox"/> Malignancy | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Weight change |
| <input type="checkbox"/> TMJD | <input type="checkbox"/> Skin rashes | <input type="checkbox"/> Digestion issues | <input type="checkbox"/> Muscle spasms |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Head trauma | <input type="checkbox"/> Surgery | <input type="checkbox"/> Endometriosis |

Please list any surgeries, accidents, injuries and approximate dates:

Please list medications you are currently taking, what issue they were prescribed for, and their effectiveness.

Medication	For treatment of	Dose/Amt per day	Does it help
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Agreement

I understand massage and bodywork are designed to promote and maintain the health and well-being of the client and do not include diagnosis or treatment of illness, disease, impairment or disability. If I experience pain or discomfort during the session, I will inform my therapist so the pressure or strokes may be adjusted to my level of comfort. Because massage and bodywork may be contraindicated due to some medical conditions, I affirm that I have informed my therapist of all my known conditions and will keep the therapist updated as to any changes in my medical condition.

To the best of my knowledge, the information I have provided is accurate and true. I understand that I am an active participant in my healing and it is my responsibility to provide accurate and timely feedback to my therapist regarding my response to treatment. I understand I am in full control of my treatment and have the right to stop any technique at any time by asking my therapist to 'ease up' or 'halt', which will be complied with immediately. I am aware that 'tissue memory' may occur during and after treatment and that I am free to express emotions (crying, laughter, sounds, anger, movement, etc.) as my body needs, while my therapist keeps me safe. I am also aware that pain symptoms may increase during and after treatment as part of the healing process.

If you arrive late you are responsible to pay the full amount for the time you scheduled even though I may not be able to give you your whole time. I require 4 hours notice to avoid a cancellation fee. If you provide less than 4 hours notice for cancellation, there will be a \$25 fee. If you provide less than 1 hour notice, payment for half the session is owed. No call, no show, you will owe the full price of the session you reserved. This must be paid before you can schedule again.

Client signature: _____ Today's date _____

Print Name: _____

