

Client History Form

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Birth date: _____ Occupation/ Activities: _____
 Emergency Contact: _____ Phone: _____

How did you hear about me? _____ May I thank them? _____
 Have you ever experienced holistic therapies? If so what kinds? _____

What professional/ personal goals do you have for yourself? _____

Are you currently under a doctors care for a specific problem? _____ If so, explain: _____

Health History

Please update any new health history at each visit.

Please note and briefly describe any injury, accident, surgery, serious or chronic illness you've had. These might include:

Digestion	__diarrhea __constipation __indigestion __colitis __other:
Skin	__allergies __rashes/hives __athletes foot/fungal other: _____
Bones and Joints	__ arthritis __ break/fractures __ bone or joint disease __ bone replacements: list locations _____ __ Pins/rods placement __ Spine/ back, explain:
Muscles	__sprain or strain __ tendonitis __whiplash __other:
Circulation	__high/low blood pressure __varicose veins __blood clots __heart problems, explain: _____ __lymph edema other:
Respiration	__asthma __allergies __sinus problems other:
Neurological	__headaches __seizures/epilepsy __numbness __sensitive to touch or pressure __ sleep disorder __depression __anxiety other:
Serious Chronic Condition	__diabetes __tumors/cancer __ other chronic disorder, explain: _____
Surgeries	Types/Condition Treated:

Please describe any other feeling, symptom or problem regarding your health, fitness or body structure which you feel should be noted or discussed:

Where is tension most evident in your body?

Do you have any goals for your present state of health?

Please initial and sign to verify you have read and understand the terms of your session for body work, i.e. Reflexology, Reiki, Energy Medicine, Acutonics®

__I agree to keep the practitioner updated as to any changes in my medical profile and understand that there should be no liability on the practitioners part should I forget to do so.

__I understand that holistic therapies such as reflexology, reiki, energy medicine, acutonics®, should not be construed as a substitute for medical examination, diagnosis, or treatment of any medical condition, and that I should see a physician, or other qualified medical specialist or counselor for any physical or mental ailment I am aware of.

__Holistic Therapies (such as reflexology, reiki, energy medicine, acutonics®) are provided for the basic purpose of relaxation and relief of muscular tension or stress. Through the relaxation process, holistic therapies may assist to promote balance and normalization of the body naturally.

__I understand that the practitioner does not double book appointments and arranges her schedule to be there. Therefore I understand there is a cancellation policy. I may cancel or change my appointment time up to 24 hours in advance of my session. If I do not show up for my appointment, I will be charged for the full amount.

__I confirm to the best of my knowledge that the answers I have given are correct, and that I have not withheld any information that may be relevant to my session.

__I am aware that my rights to privacy will be maintained. No use of my name will be made without my written consent, under the HIPPA guidelines for patient/client confidentiality.

Signature of Client:

_____ Date: _____

Signature of Practitioner:

_____ Date: _____