



Poverello Holistic Center
Confidential Client Information for Bodywork

Name _____ Date _____

Address _____ Home Phone _____

City _____ Daytime Phone _____

State _____ Zip Code _____ Mobile Phone _____

Height _____ Weight _____ May we leave a phone message? _____

Occupation _____ Date of Birth _____

Doctor _____ Address _____

Primary reason for appointment _____

Referred by _____ Last bodywork session _____

Medications: _____

Past History (Check all that apply):

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hypotension |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Hernia/rupture | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Deep Vein Thrombosis | <input type="checkbox"/> Other: _____ | | |

Operations/Surgeries (for what and when): _____

Injuries (what and when): _____

Chronic or Occasional Conditions (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Digestive upsets | <input type="checkbox"/> Headaches | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Swollen joints | <input type="checkbox"/> Eye trouble |
| <input type="checkbox"/> Backache | <input type="checkbox"/> Allergies | <input type="checkbox"/> Skin disorders | <input type="checkbox"/> Infections/viruses |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Stabbing pain | <input type="checkbox"/> Circulatory problems | <input type="checkbox"/> Other |

Please check "yes" or "no"

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you frequently suffer from stress?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you pregnant?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you wear contact lenses?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have tension or soreness in a specific area? Where?_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you ticklish? Where?_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any medical conditions we should be aware of? What?_____

Type of bodywork requested_____

What do you hope to obtain from this treatment?_____

Do you have any special concerns?_____

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

I realize that if I have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from my primary care provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/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 of which I am aware. 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. Because massage/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. I hold the Portiuncula Center for Prayer, the Poverello Holistic Center and its associated bodywork practitioners harmless. 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.

If I must reschedule or cancel an appointment, I will call the practitioner 24 hours in advance to permit the filling of my scheduled time with a person on the waiting list.

Client's Signature_____ Date_____

Therapist's Signature_____ Date_____