**Confidential Client Health History**

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who can I thank for referring you today?

What is the primary reason for your visit today?

Have you ever received a massage or a therapeutic touch modality (i.e. physical therapy, Reiki)?

How long ago and for what condition?

Tell me about your occupation.

How do you most enjoy spending your time?

Are you currently under medical treatment (including psychotherapy), and if so, for what reason?

What is your general daily stress level (1-5, low to high)?

What do you do to mediate stress (exercise, meditation, etc)?

Are you taking any medications or supplements?

Please list any past or recent surgeries.

Please circle any of the following conditions that apply to you:

pregnancy headaches cancer

arthritis sleep disorder/disruption lymph node removal

osteoporosis lymphedema

back problems recent skull fracture allergies

joint problems stroke respiratory problems

skin conditions concussion digestive problems

cuts/bruises subdural hematoma blood clots/vericose veins athlete's foot vertigo/dizziness diabetes

low/high blood pressure brain tumor heart conditions

fainting convulsions/seizures circulatory problems

Please list any other major illnesses or conditions, or anything additional I should know:

WHAT TO EXPECT

Before each session, we will discuss your health history, including any changes, as well as your goals for the current session.

* Each session length is approximately 60-75 minutes (plan for 90 minutes at initial appointment, including intake and post-treatment information).
* All sessions are performed with the client lying face-up, fully clothed, in comfortable, workout clothing. Please bring or wear loose-fitting clothing to your appointment.
* Please refrain from wearing ANY scents (including perfume, scented deodorants, etc.) in order to maintain a neutral environment for all clients.
* A safe and secure environment allows you to achieve the deepest state of relaxation. I welcome and encourage open communication throughout your session to ensure your comfort.

**Session Information and Client Pledge for Participation**

Each session length is approximately one hour (plan for up to 90 minutes, including intake and

post-treatment information).

All sessions are performed with the client lying face-up, fully clothed, in comfortable workout clothing (yoga pants or synthetic workout pants or shorts and a t-shirt are ideal).

Please bring or wear loose-fitting clothing to your appointment.

A safe and secure environment allows you to achieve the deepest state of relaxation. I welcome open communication to ensure your comfort throughout the session.

Progress during and between sessions depends on both the therapist and the client working together. Each client should be able to answer the following questions with a “Yes!” statement throughout the time they are receiving treatment:

* “I want to feel better. I am ready for necessary change to come into my life.”
* “I am open to receiving this bodywork.”
* “I see the benefit of, and make time for simple, daily mind exercises, which are imperative for holding positive changes made during each session.”
* “I agree to work together with Jennie to make the most positive change for myself.”

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**Client Signature Date**

**Informed Consent Agreement**

I understand that the massage given to me by Jennie Finn is for the purpose of stress reduction and/or pain reduction.

I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

I have stated all my known physical conditions and medications, and I will keep the massage therapist updated on any changes.

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**Client Signature Date**

**Cancellation Policy/No Show Policy**

Being In Balance is committed to providing all of its clients with exceptional care. When a client cancels without giving enough notice, they may prevent another client from receiving treatment.

Please call (401) 575-7379 at least 24 hours in advance of your scheduled appointment to notify me of any changes or cancellations. If ample notice is not given (except in the event of unseen emergency), you will be charged the full amount for the missed appointment.

Please call if you are running late to your appointment. Although I do my best to accommodate clients, in this case I cannot guarantee the full length of your session.

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**Client Signature Date**