

CLIENT INFORMATION

Name: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile Telephone: _____

E-mail: _____

In case of emergency: _____ Telephone: _____

Occupation: _____ Male: Female:

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

Have you ever experienced a professional massage or bodywork session? Yes: No:

How recently?

What are your structural bodywork goals?

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If you answer "yes" to any of the following questions, please explain as clearly as possible.

Do you frequently suffer from stress? Yes: No: Are you wearing dentures? Yes: No:

Do you have diabetes? Yes: No: Do you have high blood pressure? Yes: No:

Do you experience frequent headaches? Yes: No: Are you taking high blood pressure medication? Yes: No:

Are you pregnant or trying to get pregnant? Yes: No: Do you suffer from epilepsy or seizures? Yes: No:

Do you suffer from any severe menstrual problems? Yes: No: Do you suffer from joint swelling? Yes: No:

Are you using an IUD? Yes: No: Do you have varicose veins? Yes: No:

Do you suffer from arthritis? Yes: No: Do you have any contagious diseases? Yes: No:

Are you wearing contact lenses? Yes: No: Do you have osteoporosis? Yes: No:

Do you have any allergies? Yes: No:

Do you bruise easily? Yes: No:

Any broken bones in the past two years? Yes: No:

Any injuries in the past two years? Yes: No:

Do you have tension or soreness in a specific area? Yes: No:

Do you have cardiac or circulatory problems? Yes: No:

Do you have a Pacemaker or Shunts? Yes: No:

Do you suffer from back pain? Yes: No:

Do you have numbness or stabbing pains? Yes: No:

Are you sensitive to touch or pressure in any area? Yes: No:

Please specify:

Have you ever had surgery? Yes: No:

Please specify:

Other medical condition, or are you taking any medications I should know about? Yes: No:

Please specify:

Do you have any history of Strokes or Aneurysm? Yes: No:

Do you have any history of Embolism, Phlebitis or DVT? Yes: No:

Do you have Significant Atherosclerosis or Arteriosclerosis? Yes: No:

Do you suffer from any Inflammatory Bowel Conditions? Yes: No:

Do you have a colostomy/s? Yes: No:

Do you have any Neurological Conditions? Yes: No:

Do you suffer from Multiple Sclerosis? Yes: No:

Do you suffer from Cerebral Palsy? Yes: No:

Do you have any Psychotic Conditions? Yes: No:

Do you have any Degenerative Spinal Conditions? Yes: No:

Do you have any history of Tumours? Yes: No:

Have you had Cortisone Injections? Yes: No:

If so when?

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If I experience any pain or discomfort during this 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 structural 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 structural 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 structural 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 and understand that there shall be no liability on the practitioner's part should I fail to do so.

Client signature:

Date:

Practitioner signature:

Date:

Consent to Treatment of Minor: By my signature below, I hereby authorise _____
to administer structural bodywork, or somatic therapy techniques to my child or dependent as they
deem appropriate.

Signature of Parent or Guardian:

Date: