

Living Wellness Therapies

CONTACT INFORMATION AND MEDICAL HISTORY

Name: _____

Date: _____

Phone: _____

Date of Birth: _____

Email: _____

Referred by: _____

Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Have you ever received bodywork or energy work? YES NO If yes, when was your last? _____

What is the reason for your visit? _____

Are you experiencing any of the following? (Check yes or no. If applicable, please mark on the figures using the key below them.)

Yes No

Pain or tenderness

Numbness

Stiffness

Swelling

Cuts, burns, bruises

Headache

Cold, flu, other contagious illness

Cancer



KEY: ○ pain X stiffness ⚡ numbness # bruises/open wounds

List typical daily activities – work, exercise, stress reduction, and other: _____

List current medications including pain relievers: _____

List surgeries, accidents and major illnesses experienced currently or in the last 10 years: _____

(Continue on the back of this form if you need more room for any answer)

I understand that massage practitioners do not diagnose disease or provide medical treatment. I understand that massage is not a replacement for medial treatment, and I give my consent for massage. I understand I have the right to stop the massage at any time, and/or request different pressure.

Signature: _____ Date: _____

LIVING WELLNESS THERAPIES

6750 Orchard Lake Road

Westbloomfield, MI 48322

Located inside of Powerhouse Gym

WWW.LIVINGWELLNESSTHERAPIES.COM

- We understand cancelations are sometime necessary, therefore kindly give 24-hour notice when possible. Without proper notice a \$50 fee will apply. We understand emergencies arise and will take each situation into account.
- As courtesy to all clients, appointments will begin and end at their scheduled times.
- Please speak in a soft voice in all areas as to not disturb another person's session
- Please reschedule appoint if you are ill, have a rash, poison ivy, or anything contagious.
- Please do not be under the influence of alcohol or drugs because massage can be dangerous to you under these conditions.
- Clients must provide a health history and update when necessary.
- Payment is expected at the time service is rendered.
- Sexual harassment is not tolerated.
- If the practitioner's safety feels compromised, the session will be stopped immediately, and the client will be responsible for payment.
- Children are not permitted, unless receiving treatment.
- Do not eat a heavy meal less than two hours prior to treatment.

Sign: _____ Date: _____