

Bodhi of Life Massage and Thai Bodywork

CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

Name _____ Address _____

City _____ State _____ Zip _____

Phone (cell) _____ (w) _____

Email _____ Date of Birth _____

Occupation _____

Emergency contact _____ Number _____

How did you hear about us? _____

Is this your first professional massage? If no, how frequently do you get a massage?

Are you prone to being either hot or cold? _____

Are you allergic to any oils, lotions or essential oils? _____

What kind of stressors are present in your life? _____

What activities do you do to keep stress levels down? _____

Are you aware of any places you hold tension in your body? If yes, Where?

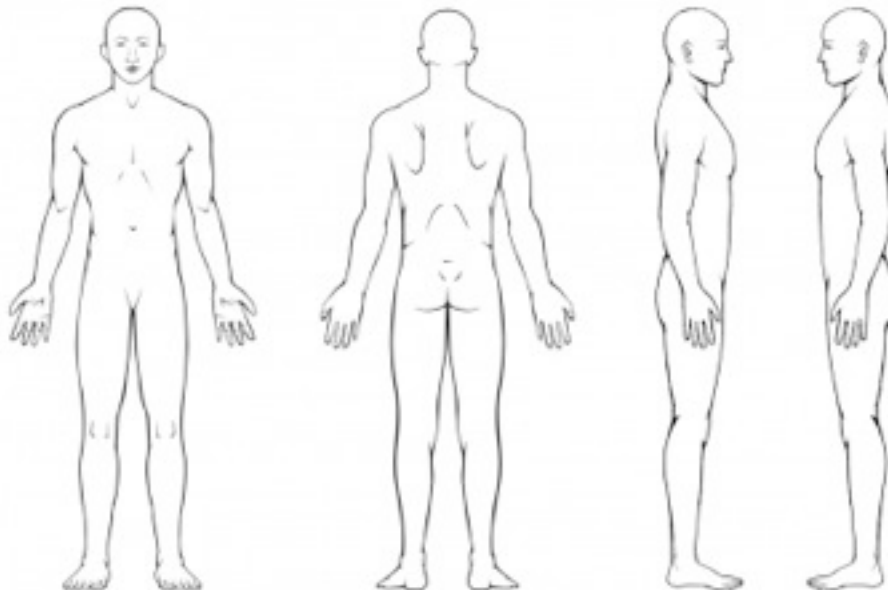
Do you have any chronic, ongoing pain that you deal with on a regular basis? _____

Explain: _____

Describe any surgeries, hospitalizations, accidents or injuries you have had:

Do you feel that you have recovered from these events? _____

Please indicate where you feel pain or tension.



Please indicate with a “check” for present conditions and a “P” for past conditions.

MUSCULOSKELETAL

- Fibromyalgia
- Spasms/Cramps
- Sprains/Strains
- Osteoporosis/Osteopenia
- Bulging Discs
- Scoliosis
- Osteoarthritis/Rheumatoid Arthritis
- TMJ
- Cysts
- Plantar Fasciitis
- Tendonitis
- Whiplash Syndrome
- Carpal Tunnel Syndrome
- Sciatica
- Headache
- Neck Pain
- Shoulder Pain/Arm Pain
- Mid Back Pain
- Low Back Pain
- Hip Pain
- Leg Pain/Knee Pain
- Other _____

NERVOUS SYSTEM

- Spinal Cord Injury
- Brain Injury
- Stroke
- Seizure Disorders
- Numbness/Tingling/Twitching
- Insomnia
- Anxiety/Panic Attacks
- Depression
- Other _____

CIRCULATORY

- Low Blood Pressure
- High Blood Pressure
- Varicose Veins

- Stroke
- Heart Attack
- Heart Condition
- Edema
- Other _____

DIGESTIVE

- Irritable Bowel Syndrome
- Colitis
- Diarrhea
- Constipation
- Gas/Bloating
- Acid Reflux
- Nausea
- Indigestion
- Other _____

RESPIRATORY

- Pneumonia
- Sinusitis
- Bronchitis
- Asthma
- Allergies
- Dizziness
- Other _____

WOMEN

- PMS
- Pregnancy
- Hysterectomy
- Fibroids
- Other _____

OTHER

- Grief Process
- Cancer
- Substance Abuse
- Chronic Fatigue
- HIV/AIDS
- Lupus
- Other _____

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Client/Practitioner Agreement

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) will result in a payment amount of 50% of the scheduled service.

Signature: _____ Date: _____