Client Intake - Bodywork

Basic Info

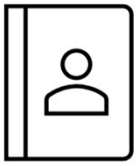
Date: Birthdate:

Name:

Address:

Email:

Phone: ( ) ◯ Work ◯ Cell



Emergency Contact Info

Name:

Relationship:

Email:

Phone: ( ) ◯ Work ◯ Cell

Current Health

Reason(s) for Initial Visit:

Current Medical Condition(s):

Check All That Currently Apply:

◯ Blood Clot(s)	◯ Congestive Heart Failure	◯ Pregnant
◯ Pitted Edema	◯ Contagious Disease	◯ Pacemaker
◯ Infection(s)	◯ Grave's Disease	◯ Implanted Object(s)
	◯ Organ Transplant	

Current Medication(s):

Recent Injuries or Surgeries:

Health History (circle)

Musculoskeletal

Muscle Pain	Joint Pain
MuscleStiffness	Joint Stiffness
Broken Bone(s)	Arthritis
Osteporosis	Bone or Joint Disease
Lupus	Spinal Problems
Osteporosis	Disc Buldge/Herniation
Scoliosis	Degenerative Disc Disease
Tendonitis/Bursitis	Rheumatoid Arthritis

Nervous System

Numbness/Tingling	Chronic Pain
Multiple Sclerosis	Paralysis
Epilepsy/Seizure(s)	Parkinson's
Sensitive to Touch	Pinched Nerve
Headaches	Migraines
Ringing in the Ears	Dizziness
Neuralgia	Vertigo
Cerebral Palsy	Neuropathy

Circulatory

Swelling/Edema	High/Low Blood Pressure
Heart Condition	Heart Attack/Stroke
Bruise Easily	Thrombosis/Embolism
Blood Clots	Raynaud's Syndrome
Vericose Veins	Lymphedema

Digestive

Crohn's Disease	Ulcers
Heart Burn	Gas/Bloating
IBS	Constipation
Bladder/Kidney Condition(s)	

Client Intake - Bodywork

Health History Cont. (circle)

Respiratory

- Shortness of Breath
- Asthma
- Sinus Problems
- Allergies:_____
- Emphysema
- COVID-19
- Chronic Bronchitis

Other

- Immuno Compromised
- Diabetes
- Kidney Disease/Infection
- Tumor(s)
- Thyroid Condition
- Cancer:_____

Reproductive

- Pregnant: _____ months
- Ovarian/Menstrual
- Prostate
- Hormone Condition

Skin Conditions

- Rashes
- Psoriasis
- Eczema
- Athlete's Foot
- Allergies:_____

Psychological

- Anxiety
- Depression
- Stress Disorder
- Memory Problems
- Sleep Problems

Potential PEMF Side Effects

As true with any therapy modality, each person has potential to respond differently. The most common side effects are decreased blood pressure and/or heart rate and tingling sensations in the skin (especially over scar tissue). Occasionally people will discover they have a magnetic field sensitivity. However, if any adverse reactions should occur during a PEMF session, they are mild and temporary; after which, changes will be made to the frequency and duration of treatment(s). Your provider can discuss magnetic field sensitivities in more detail upon request.

Consent for Treatment

It is my choice to participate in this bodywork session, which includes massage therapy, manipulation of soft tissues, and application of Pulsed Electro Magnetic Field (PEMF) therapy. I am aware of the benefits and risks of participating and give consent to receive massage and PEMF therapy. If I experience any pain or discomfort during a session, I will immediately inform my provider so that the pressure and/or frequency can be adjusted to my level of comfort. I understand that there are no implied or stated guarantees to the success of the effectiveness of a bodywork session. I acknowledge that this bodywork session is not a substitute for medical care, medical examination, or diagnosis. Because massage and PEMF therapies should not be conducted with certain medical conditions, I affirm that I have stated all my known medical conditions and answered all health history questions honestly. I will inform my provider of any changes in my health status and understand that there shall be no liability on the provider's part should I fail to do so. I also understand and agree that any illicit or sexually suggestive remarks or behavior made by me, will result in immediate termination of the session; and I will be liable for full payment of the scheduled appointment. I am responsible for all charges for services provided at the time services are received. Understanding all of this, I give my consent to receive care.

Client Signature:_____

Date:_____

OFFICIAL USE ONLY: □ *Service Member Verified On:* _____