

Confidential Client History Form

Name: _____ Today's Date: ____/____/____

Home Address _____ Date of Birth: ____/____/____

City, State, Zip Code _____ Spouse/Partner: _____

Phone (Home): _____ (Work): _____ (Mobile): _____

Email Address: _____ Describe your Occupation: _____

Previous Types of Bodywork Received: _____

Referred By: _____ Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Primary Reason for Appointment: Relaxation, Specific Tension / Pain, etc.

Please mark all conditions that currently apply, if more than one, circle as appropriate

- | | |
|---|--|
| <input type="checkbox"/> Tension, Stress | <input type="checkbox"/> Skin Sensitivity / Easy Bruising |
| <input type="checkbox"/> Headaches, migraines | <input type="checkbox"/> Infectious diseases (incl. HIV / AIDS) |
| <input type="checkbox"/> Muscle or joint pain, Tendinitis, sprains, strains | <input type="checkbox"/> Diabetes (type 1 (Insulin Dependent) or 2 (Non Insulin) |
| <input type="checkbox"/> Muscle, bone injuries, dislocations | <input type="checkbox"/> Abscess or open sore |
| <input type="checkbox"/> Numbness or tingling | <input type="checkbox"/> Rash, athletes foot, Warts, Plantar fasciitis |
| <input type="checkbox"/> Injuries to face or head, neck, spine, disks | <input type="checkbox"/> High/ / Low Blood Pressure |
| <input type="checkbox"/> Jaw Pain / TMJ Problems | <input type="checkbox"/> Other medical conditions (not listed) |

Explain any areas noted or marked above: _____

Regular Forms of Exercise _____

Current Medications (incl. Aspirin, Ibuprofen, Herbs, Vitamins, etc.) _____

Surgeries (lifetime... even as a child) _____

Accidents / Serious Injuries (lifetime) _____
Auto Accidents, Falls, etc.

Current Stress Level: 1 2 3 4 5 6 7 8 9 10
No Stress High Stress

Current Pain Level: 1 2 3 4 5 6 7 8 9 10
No Pain High Pain

Have you ever had:

Stroke: Yes, No

Heart Attack: Yes, No

Unexplained Swelling: Yes, No

Have you ever had any lymph nodes removed or biopsied? Yes, No

Do you have trouble lying on your back / front? Yes, No

Do you prefer that aromatherapy NOT be used? Yes, No

Do we have permission to contact your physician, should the need arise? Yes, No

Are you currently under the care of a doctor, counselor or therapist? Yes, No

If so, for what (besides routine care)? _____

Circle areas to spend more time, mark out areas to skip.

Face / Scalp / Neck / Shoulders / Arms / Chest / Abdomen / Legs / Feet / Gluteals / Back
inc. ears & hands not breast tissue

Donna Bilek, M.A., LMT ☎ ext. 1
Sarah Frick, LMT ☎ ext. 3
1001 Cromwell Bridge Road, Suite 208
410 321-0530 Phone

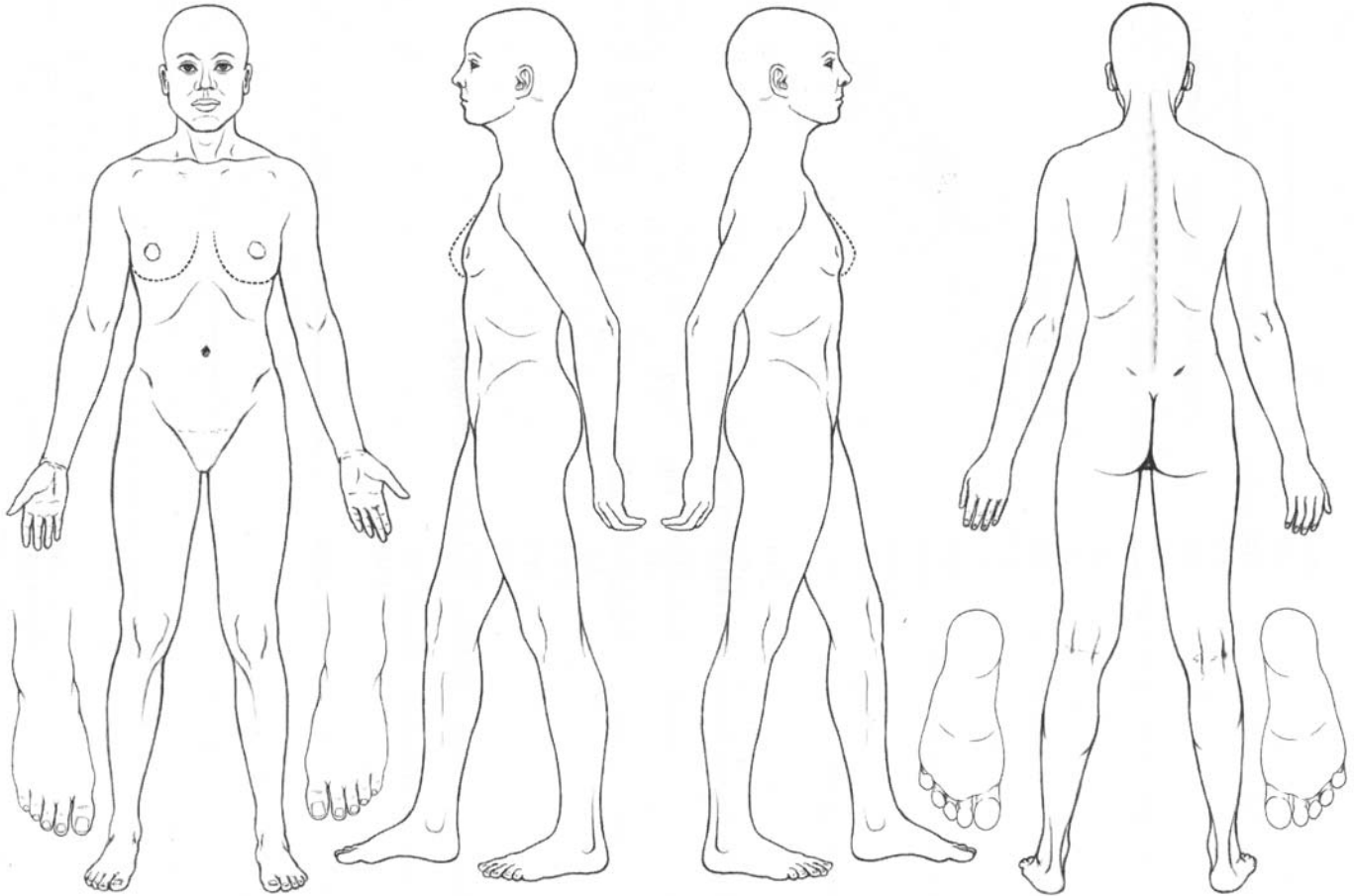
Diana Degnan-Lafon, LMT ☎ ext. 4
www.earthwalkcenter.com
443 470-9712 Information Line

Scott Kover, RMP, LDT, RYT200 ☎ ext. 2
Katie King, RMP ☎ ext. 7
Towson, MD 21286-3330
410 321-0532 FAX

Massage Therapy, Reiki, Geothermal Stone Massage, Lymph & CranioSacral Therapies, Visceral Manipulation, Spiritual Companionship

Therapist: _____ Pressure: _____ Voucher: No Yes / Co: _____ Notes: _____

Please mark any locations on your body that you experience Regular (**R**) or Occasional (**O**) discomfort, Pain (**P**) or have had any Injuries (**I**). Also note the pain level (using 1-10) of those areas.



Waiver: In consideration of being permitted to participate in any way in The Private Bodywork session, hereinafter called "Bodywork Session", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant The earthwalk Center for Wholeness and it's staff from liability for any and all claims including, but not limited to, negligence, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the "Bodywork Session".

Assumption of Risks: Participation in the "Bodywork Session" carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. By participating in the Bodywork Session, I am assuming the risks that are involved which may include injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The earthwalk Center for Wholeness & it's staff HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Bodywork Session and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

All of the preceding information on this document are true to the best of my knowledge. I have read the above information and discussed and questions with my instructor. **If any changes occur in any of the information listed on this form, I will notify my Massage Therapist before my next appointment.** I take responsibility for alerting my Massage Therapist to any physical, mental or emotional conditions that would effect this work. I have stated all of my known medical conditions on the to my Massage Therapist and I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions. I realize it is solely my responsibility to keep the Massage Therapist updated on any changes in my physical health and I understand that The earthwalk Center for Wholeness and it's staff shall not be liable should I fail to do so. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Bodywork Session. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature: _____ Print Name: _____ Date: _____

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