NURTURED by Karen

Client Information

Name_____Phone_____DOB_____

Address_____

City_____State_____Zip_____

E-mail_____**May we use your**

e-mail for informational purposes? ____Yes____No **We NEVER sell your information**

Whom may we thank for referring you:

Name_____Phone_____

In case of emergency contact:

Name_____Phone_____

Occupation_____Male_____Female_____

Physician_____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated and 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 bodywork goals?_____

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

__Yes __No Do you frequently suffer from stress?
__Yes __No Do you have diabetes?
__Yes __No Do you experience frequent headaches?
__Yes __No Are you pregnant?
__Yes __No Do you suffer from arthritis?
__Yes __No Are you wearing contact lenses?
__Yes __No Any cardiac or circulatory problems?
__Yes __No Do you have osteoporosis?
__Yes __No Are you taking high blood pressure medication?
__Yes __No Do you suffer from epilepsy or seizures?
__Yes __No Do you have varicose veins?
__Yes __No Do you have any contagious diseases?
__Yes __No Do you have numbness or stabling pain
__Yes __No Do you bruise easily?
__Yes __No Any broken bones in the last 2 years?
__Yes __No Any injuries in the past 2 years?
__Yes __No Do you have tension or soreness in a Specific area? Please specify_____
__Yes __No Are you wearing dentures?
__Yes __No Do you have high blood pressure?
__Yes __No Do you suffer from back pain?
__Yes __No Do you suffer from joint swelling?
__Yes __No Do you have any allergies?

In the space provided, please list any surgeries, other medical conditions not listed above, and any medications you are currently taking_____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. 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 massage or 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 massage/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 massage/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. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

Client
Signature_____Date_____

Practitioner Signature_____Date_____

Concent For Treatment of Minor: By my signature below, I herby authorize Karen S Birdsall to administer massage, bodywork, or somatic therapy techniques to my child or dependent as she deems necessary.

Parent or legal
Guradian_____Date_____

****NOTE: Parents or legal guardians are required to remain in the massage room with their child if under the age of 18.**