

BODY AWARE THERAPY, LLC

Health Assessment Form

Name

Birth date

Occupation

Today's Date

Hobbies?

Email address

Mailing Address

Best number to call

Emergency contact

How did you hear/find out about us?

Referred by?

Reason for visit

Date symptoms began/How long ago

Medications: Please list ALL medications you are currently taking and reason

Past medical history: Please list any surgeries, traumas, accidents or other conditions and dates of occurrence. Continue on other side of page if you need more room!

Place an x for any medical conditions you have.

Circulatory issues		Blackouts	
High blood pressure		Visual disturbances	
Heart trouble		Pregnancy	
Stroke		Migraines	
Epilepsy		Ringing in the ears	
Diabetes		bowel/bladder problems	

Do you have any allergies? Nut, floral, tape/adhesives etc.

Place an X for symptoms you experience monthly or more frequently.

	Heart pounding or racing		Feeling faint or dizzy
	Irregular heartbeat		Skin rashes
	Chest pain, tightness		Nose bleeds
	Numbness, tingling in arm or leg		Heartburn or indigestion
	Feeling coldness		Sleeping issue
	Coughing		Eyes irritated
	Stuffy nose		Jaw pain/tightness
	Asthma or shortness of breath		Constipation
	Stiff or tender joints		Stomach cramps
	Back problems		Other:

Consent to Treat release Form

1. If I experience discomfort during my session, I will immediately inform my therapists, so that the pressure/ strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
2. I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal adjustments, diagnose, prescribe or treat physical or mental illness
3. I affirm that I have notified my therapist of all known medical conditions, medications and injuries.
4. I agree to inform the therapist of any changes in my health and medical conditions and injuries.
5. I understand that massage and bodywork is entirely therapeutic and non-sexual in nature
6. I understand that should I cancel an appointment less than 24 hours before the scheduled time or “no show” an appointment, I am subject to the fee of \$45 payable before scheduling any further appointments.

Client Signature _____ Date _____

Guardian Signature if client is a minor
