

west side wellness

therapeutic bodywork and massage

confidential client health history

please print clearly

name _____ today's date _____

street _____ home phone _____

city + zip _____ cell phone _____

email _____ date of birth _____

What is the primary reason you came for bodywork?

Are you under current medical treatment, and if so, for what condition?

Does this condition require a physician's release?

Are you taking any medications or supplements?

Are there areas of your body that are painful, sore, tense, sensitive, or uncomfortable?

Please circle any of the following conditions that apply to you:

pregnancy (currently)
recent surgery
recent or chronic illness
recent or lasting injury
chronic pain
cancer
lymph node removal
lymphedema
autoimmune illness
hepatitis
immunodeficiency
fibromyalgia

arthritis
osteoporosis
back problems
joint problems
sciatica
blood clots
varicose veins
high/low blood pressure
heart conditions
circulatory problems
diabetes
fainting

food allergies
other allergies
asthma
respiratory problems
convulsions/seizures
athlete's foot
skin conditions
cuts, bruises
digestive issues
headaches
neurological illness
trauma

Please list any other major illnesses or conditions:

How did you hear about us?

If a friend referred you, tell us and they'll get a \$10 coupon!

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legal consent form

please print clearly

name _____

street _____

city + zip _____

I, _____, (print client name) hereby authorize _____, (therapist) to perform massage therapy services on behalf of West Side Wellness, LLC. My signature below acknowledges that I hold harmless the above therapist, as well as West Side Wellness, LLC, and any other therapists working for West Side Wellness, LLC, from any and all injuries, reactions, or other issues arising during my treatment and/or following my treatment, today and in the future.

I understand that a massage therapist is not able or authorized to diagnose any condition, to prescribe medications or food supplements, or to perform any treatment outside of his/her training as a massage therapist. Any suggested further treatments or activities (such as visiting an acupuncturist, or stretching at home) are undertaken on my own, at my own risk, and I do not hold my massage therapist or West Side Wellness, LLC liable for the results of such activities.

I do not hold my massage therapist or West Side Wellness, LLC responsible for my health condition. I have stated my health history truthfully, to the best of my knowledge. I acknowledge that I have the following medical conditions, allergies, medications, and/or contraindications to massage:

client signature + date _____