

# 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:

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client signature + date \_\_\_\_\_