

west side wellness

therapeutic bodywork and massage

confidential client health history *historia confidencial del cliente*

please print clearly *favor de imprimir claramente*

legal name *nobre legal* _____

preferred name *nombre preferido* _____

pronoun *pronombre* _____

street address *dirección* _____

state + zip *estado + código* _____

phone *teléfono* _____

email *correo electrónico* _____

date of birth *fecha de nacimiento* _____

Primary reason you came for bodywork? *¿Razón principal para la terapia hoy?*

Tell us your occupation, sports, activites, hobbies. *¿Di nos tu ocupación, deportes, actividades, aficiones?*

Areas of your body that are painful, sore, tense, sensitive, or uncomfortable?

¿Áreas en tu cuerpo que están dolorosas, tenso, sensitivo, o incómodo?

Areas of your body you want us to avoid working on? *¿Áreas de tu curpo que no le gustaría tratar hoy?*

If a friend referred you, tell us and they'll get a \$10 coupon! *Si un amigo te refirió a nosotros, di nos y ellos recibirán un cupón de \$10!*

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Are you taking any medications or supplements? *¿Estás tomando medicación o suplementos?*

Please circle any of the following conditions that apply to you: *Por favor circula cualquier condición que pertenece a usted:*

back problems <i>problemas espadales</i>	sciatica <i>ciática</i>
joint problems <i>problemas en las cojonturas</i>	osteoporosis <i>osteoporosis</i>
recent injury <i>heridas recientes</i>	arthritis <i>artritis</i>
recent surgery <i>siругias recientes</i>	cuts, bruises <i>cortadás, moretonés</i>
heart conditions <i>condiciones del corazon</i>	trauma <i>trauma</i>
high blood pressure <i>alta presión sanguinea</i>	chronic pain <i>dolores crónicos</i>
circulatory problems <i>problemas circulatorios</i>	varicose veins <i>venas varicosas</i>
lymphadenectomy <i>linfadenectomía</i>	blood clots <i>coágulo de sangre</i>
lymphedema <i>linfedema</i>	cancer <i>cancer</i>
chronic illness <i>enfermedad cronica</i>	hepatitis <i>hepatitis</i>
immunodeficiency <i>inmunodeficiencia</i>	diabetes <i>diabetes</i>
respiratory problems <i>problemas respiratorios</i>	pregnancy <i>embarazo</i>
food allergies <i>alergias a los alimentos</i>	asthma <i>asma</i>
other allergies <i>otras alergias</i>	seizures <i>convulciones</i>
neurological illness <i>enfermedad neurológica</i>	headaches <i>dolores de cabeza</i>
autoimmune illness <i>enfermedad autoinmune</i>	fainting <i>desmayo</i>
digestive issues <i>problemas digestivos</i>	fibromyalgia <i>fibromialgia</i>
skin conditions <i>condiciones en la piel</i>	athlete's foot <i>hongo en los pies</i>

Please list any other major illnesses or conditions, or anything we should know:
Favor de anotar otras enfermedades graves o condiciones, o cualquier cosa importante que debemos saber:

I have stated my health history truthfully, to the best of my knowledge. I do not hold my massage therapist or West Side Wellness, LLC responsible for my health condition. *Yo he declarado mi historia de salud a lo mejor de mi conocimiento. Y no aguanto responsable a mi terapeuta o a West Side Wellness, LLC de mi condición de salud.*

signature, date *firma, fecha*

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legal consent form

please print clearly

legal name _____

address _____

Please initial each item and sign at the bottom:

_____ I consent to massage therapy / therapeutic bodywork services. I do not hold West Side Wellness, LLC, or any massage therapists working for West Side Wellness, LLC, liable for any injuries, reactions, or issues arising during my treatment and/or following my treatment, today or in the future.

_____ I understand I have the right, at any time during my session, to give feedback to the massage therapist, including requesting a change in technique or pressure. I have the right to request a clothed session, to limit my treatment to certain areas of my body (even just hands & feet), or to otherwise request that my session be adjusted to my personal comfort level.

_____ 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 their 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.

_____ If I miss an appointment without providing 24 hour cancelation notice, I agree to pay a fee equal to the full, regular price of the session I had booked.

signature _____

date _____