

Four Hands Wellness

Private & Confidential (Please Print)

Name:	Date of Birth:
Address:	City & Zip:
Cell Phone:	
Email Address:	Occupation:
Emergency Contact:	Emergency Contact Phone:

Referred By:

Please indicate conditions that you have or have had in the past.

Chronic Physical Issues:

Present / Past Injuries:

Present / Past Surgeries or Illnesses:

Present Medications (Please list and give purpose):

Allergies, fragrance sensitivities	CURRENT	PAST
Arthritis (rheumatoid, osteoarthritis)	CURRENT	PAST
Broken bones	CURRENT	PAST
Cancer	CURRENT	PAST
Diabetes	CURRENT	PAST
Digestive conditions (e.g. Crohn's, IBS)	CURRENT	PAST
Dizziness, ringing in the ears	CURRENT	PAST
Endocrine/thyroid conditions	CURRENT	PAST
Epilepsy, seizures	CURRENT	PAST
Headaches, Migraines	CURRENT	PAST
High/Low blood pressure	CURRENT	PAST
Muscle or joint stiffness or pain	CURRENT	PAST
Neurological (e.g. MS, Parkinson's, chronic pain)	CURRENT	PAST
Numbness or tingling	CURRENT	PAST
Osteoporosis, degenerative spine/disk, Scoliosis	CURRENT	PAST
Sensitive to touch/pressure	CURRENT	PAST
Shortness of breath, asthma	CURRENT	PAST
Stroke, heart attack	CURRENT	PAST
Swelling or bruise easily	CURRENT	PAST
Varicose veins	CURRENT	PAST
Other:	CURRENT	PAST

Comments and Preferences:

Consent for Treatment

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/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. Understanding all of this, I give my consent to receive care.

Client Signature:

Date: