

## *Therapeutic Massage of Texas*

Kristi Sorensen-Reid LMT, NMT, MTI

MT# 034824

### CONFIDENTIAL HEALTH INFORMATION

The following questions are designed to obtain a complete medical and health evaluation. You will need to complete this form **ONLY** on your initial visit. You will be asked to update this form once a year. **This health survey is confidential.**

You may wonder why some of these questions are asked. Just remember, *It's all Connected*. No one symptom or concern exists in isolation. Symptoms in one area of the body may be referred from problems in another area. Physical complaints can be related to muscle imbalance, spinal misalignments or emotional issues. Be aware, sometimes emotional issues come up during bodywork, and is a normal part of the healing process.

Even those seeking a "relaxation massage" need to be screened for possible cautions to massage, as well as, the life stresses and activities that may be interfering with their sense of wellbeing.

If you do not understand a question please ask, and I will discuss it with you. I realize you may not know the answers to all the questions, feel free to list "don't know".

Thank you for taking the time in filling out this questionnaire so that I can holistically assist you in maintaining your optimum level of wellbeing.

### SOCIAL HISTORY

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please **CIRCLE** the best number to reach you or confirm your appointment.

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E mail: \_\_\_\_\_

Can I TEXT you to confirm your appointment? Yes No

Who should I call in case of an Emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Where did you hear about me? \_\_\_\_\_

Who referred you? \_\_\_\_\_

## INFORMED CONSENT

### BODYWORK:

I understand that I am an active participant in my wellness. It is my choice to receive care from a massage therapist. I realize that the treatment is being given for the well being of my body, mind and spirit. This includes stress reduction, relief from muscular tension, spasm or pain, for increasing circulation or energy flow. *I agree to communicate with my practitioner any time I feel uncomfortable, or like my physical, mental or emotional well being is being compromised. I agree to communicate with my practitioner if I experience any discomfort during or following a session. I understand that the therapist will stop any technique or the session at my request.* I understand that in any modality that involves my disrobing, I will be kept draped at all times.

I understand that massage therapists do not diagnose illness, disease, or any physical or mental disorder. Nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I seek a primary health care provider for that service.

I understand that my practitioner may use a variety of modalities. I have had an opportunity to ask questions regarding care modalities and the qualifications of the practitioner. I have had the opportunity to choose or exclude specific modalities. I have had an opportunity to discuss or review my practitioner's policies regarding clients. I have stated all medical conditions that I am aware of and will keep my therapist informed of any changes in my health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The consent below gives a general consent for bodywork, and allows you to exclude certain modalities and areas of the body. At each session you and your therapist will determine a plan for the session, and you may choose to limit work on certain areas of the body for that day, even if consent is given below.

### THERAPIES OFFERED

MODALITY	INITIAL
Massage, including Relaxation, Myofascial Release, Neuromuscular Therapy, Manual Lymphatic Drainage	
Muscle Energy Techniques, Stretching	
Energy based techniques, including Reiki, Craniosacral, Reconnective Healing	
Muscle Testing, Touch for Health	

### CONSENT FOR SPECIFIC BODYWORK

BODY AREA	INITIAL
Back	
Legs	
Hips and Gluteal Muscles	
Arm	
Abdomen	
Chest (Excluding Breast Tissue)	
Neck	
Head	
Face	
Other	

**HOLISTIC CARE SUMMARY:**

Use the following table to indicate therapies, self help and other supportive practices you are currently using or have used in the past. **Circle C for Current: P for Past: N for Never used.**

Item	Current, Past or Never used			Item	Current, Past or Never used		
See Physician routinely	C	P	N	Exercise/Sports	C	P	N
Cholesterol screening	C	P	N	Yoga/Tai Chi/Chi Gung	C	P	N
Bone density screening	C	P	N	NIA or Expressive Dance	C	P	N
Breast exam/ mammogram	C	P	N	Homeopathy	C	P	N
Psychotherapy/Counseling	C	P	N	Vitamins/Herbs	C	P	N
Chiropractic care	C	P	N	Participate in Spiritual Community	C	P	N
Acupuncture/Chinese medicine	C	P	N	Prayer/Meditation	C	P	N
Physical Therapy	C	P	N	Spiritual Counseling	C	P	N
Massage or Neuromuscular Therapy	C	P	N	Hobbies	C	P	N
Other Bodywork: Craniosacral, Energy work	C	P	N	Relaxation training or use relaxation tapes	C	P	N
Colonics	C	P	N	Educational workshops	C	P	N
Nutritional Counseling	C	P	N	Lifestyle Change	C	P	N

**ALLERGIES:**

List all allergies including reaction in the space provided. Include any **medications, herbs, supplements, foods and environmental** to which you are allergic.

**MEDICATIONS:**

List any medications that you are currently taking. **Include prescription, over the counter, herbs, vitamins, aromatherapy oils, and flower essences.**

**HOSPITALIZATIONS, FALLS, ACCIDENTS AND OTHER INJURIES:**

**Year Hospitalizations for Surgery or Illness**

_____	_____
_____	_____
_____	_____
_____	_____

**Year Falls, Accedents or Other Injuries**

_____	_____
_____	_____
_____	_____
_____	_____

**ACTIVITY ASSESSMENT:** Check the item that best applies.

Activity	Perform Monthly	Perform Weekly	Perform Daily	Activity	Perform Monthly	Perform Weekly	Perform Daily
Sports: Specify				Job requires significant walking			
Weight training				Housework			
Cardio: Specify				Job that is physically strenuous			
Stretching, Yoga, Thi Chi, Chi-Gung				Frequent stop and go driving			
Dancing				Provide Bodywork			
Swimming				Walking			
Aerobics				Sleep on Stomach			
Water Aerobics				Sleep on Side			
Cycling				Desk/Computer work			
Golf				Play musical instrument			
Activities requiring repetitive hand motions				Driving long distances			