

# BODYWORKS

## CLIENT INFORMATION & RELEASE FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

REFERRED BY \_\_\_\_\_

### *In Case of Emergency*

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

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Bodywork\_\_ Massage\_\_ Gyrokinesis\_\_ Gyrotonic\_\_ Pilates\_\_

### **GENERAL & MEDICAL INFORMATION**

**YES NO**

\_\_\_ \_\_\_ Have you ever had a professional bodywork/massage session?

\_\_\_ \_\_\_ Do you suffer from stress? How often? \_\_\_\_\_

\_\_\_ \_\_\_ Do you experience frequent headaches?

\_\_\_ \_\_\_ Are you pregnant?

\_\_\_ \_\_\_ Are you diabetic?

\_\_\_ \_\_\_ Do you have high blood pressure?

\_\_\_ \_\_\_ If yes to above, what medication and dosage are you taking?

\_\_\_\_\_

**IF YOU ANSWER YES TO QUESTIONS IN THIS SECTION, PLEASE EXPLAIN AS CLEARLY AS POSSIBLE.**

**YES NO**

\_\_\_ \_\_\_ Have you ever had surgery? Give dates/explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ \_\_\_ Have you had any broken bones in the past two years?

\_\_\_\_\_