

Earthtone Bodyworks

6 Wirt Street, NW
Leesburg, VA 20176
703-723-1089

Client Health and Wellness Information

All information you give and all notes taken will be kept private and confidential.

In order to maximize the effectiveness and safety of massage sessions, you are encouraged to give feedback at any time, even between sessions. This will help tailor the sessions to meet your needs.

Name _____ Date _____ Referred by _____

Address _____

City _____ State _____ Zip _____

E-mail address _____ Birthday _____

Phone (day) _____ (eve) _____ (cell) _____

Marital Status (choose one) Single Married Divorced Committed Relationship, not married

Emergency contact: Name _____

Phone/contact _____ Relationship _____

Have you ever had a massage? Yes ____ No ____

Types of bodywork and your experience (Did you like it? What worked? What didn't work?)

Occupation(s) (if retired, former occupation and currently how you like to spend your time)

Medical History

Please check (✓) all that apply. Please include ANY and ALL injuries, accidents, surgeries, boo-boo's, weekend warrior muscle pulls, and childhood injuries. It may seem that many of these are not related to a massage appointment or to your immediate needs. However, the body does store past traumas and it will make our work together easier and more complete when you provide as much information as you can about your history. If a chronic, degenerative disease listed here runs in your family, please mark it with an "x".

- | | | |
|---|---|---|
| <input type="checkbox"/> Abscess/open sore | <input type="checkbox"/> Fibrositis | <input type="checkbox"/> Post Traumatic Stress Syndrome |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Pregnancy - now? _____ |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Fluid retention | <input type="checkbox"/> (# ___ Children) |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> General muscular aches and pains | <input type="checkbox"/> Shoulder pain |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Skin sensitivity |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Herniated disc | <input type="checkbox"/> Skin rash |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Herpes I or II | <input type="checkbox"/> Sprains, Strains |
| <input type="checkbox"/> Rheumatoid | <input type="checkbox"/> HIV or other infectious disease | <input type="checkbox"/> Surgery (ies) |
| <input type="checkbox"/> Atherosclerosis | <input type="checkbox"/> High Blood Pressure | _____ |
| <input type="checkbox"/> Broken Bone/Fracture | <input type="checkbox"/> Hip replacement | <input type="checkbox"/> Tendonitis |
| Which one(s)? | <input type="checkbox"/> Implants of any kind | <input type="checkbox"/> "Tennis elbow" |
| _____ | <input type="checkbox"/> Inner ear problem | <input type="checkbox"/> Trouble losing weight |
| <input type="checkbox"/> Cancer/Malignancy | <input type="checkbox"/> Knee replacement | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Car accident(s) | <input type="checkbox"/> Leg pain | <input type="checkbox"/> Whiplash |
| <input type="checkbox"/> Carpal tunnel syndrome | <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Neck pain | _____ |
| <input type="checkbox"/> Currently on a diet | <input type="checkbox"/> Obesity (BMI > 40%) | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Osteoporosis | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Phlebitis | |
| <input type="checkbox"/> Easy bruising | <input type="checkbox"/> PMS/painful menstruation | |
| <input type="checkbox"/> Eczema | | |
| <input type="checkbox"/> Epilepsy/Seizures | | |

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If you are currently under any health care (MD, DC, PT, DO, RD, Acupuncturist, etc) , please indicate type of medical professional and the reasons for seeking treatment.

Massage therapy works best as part of an integrated team approach and therefore, occasionally, warrants communication between various healthcare professionals. If necessary, may we contact your physician(s)?

Yes ____ No ____

Name(s) and phone number _____

Please list any medications, supplements, vitamins/minerals, diet pills/drinks you currently take and their purpose.

Interests, hobbies

What do you do for exercise/movement?

Are there specific aspects of your life that are particularly stressful (job, posture, habits, diet, family, etc)? Please explain.

Lifestyle Choices

| Please rate your... | Healthy.....Troublesome | Do you use... | Never | Daily | If daily, how much? |
|---------------------|-------------------------|------------------|---------------------|-------|---------------------|
| Lifestyle | ___ ___ ___ ___ ___ | Tobacco | ___ ___ ___ ___ ___ | | _____ |
| Nutrition | ___ ___ ___ ___ ___ | Alcohol | ___ ___ ___ ___ ___ | | _____ |
| Sleep | ___ ___ ___ ___ ___ | Drugs (non-meds) | ___ ___ ___ ___ ___ | | _____ |
| Bowels | ___ ___ ___ ___ ___ | Caffeine | ___ ___ ___ ___ ___ | | _____ |

I agree that I am seeking massage therapy and bodywork for temporary relief of musculoskeletal pain, injury, or stress and that it is complementary to and not a substitute for acute medical care. I have read the above information and discussed it with my practitioner. I understand that this work does not constitute medical treatment. It is a form of health and wellness maintenance. I take responsibility for alerting my practitioner to any physical, mental, or emotional conditions that would affect this work.

I acknowledge that my appointment is time reserved specifically for me. In the event that I cannot make my appointment, I will call as soon as possible to reschedule. I understand that being late to my appointment may reduce the length of my appointment and that I am financially responsible for the original appointment length.

Signature _____

Date _____

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Center for Health and Harmony's Additional Wellness Services

Nutrition

We recommend only high-quality, science-based nutritionals (natural vitamins and mineral supplements) designed to Pharmaceutical Grade Standards, using Good Manufacturing Practices (GMPs). The most effective nutritionals are designed to combat the damaging effects of oxidative stress at the cellular level, reducing the risks of chronic, degenerative diseases such as obesity, diabetes, heart disease, cancer, arthritis, and Alzheimer's. We can show you a way to improve your health and can provide you with some suggestions and additional information.

___ Yes, please. I need some help with nutritional supplements or weight management.

___ Someone I know needs some assistance with nutritional supplements or weight management. _____

___ Not right now; please follow up with me. Suggested follow up date _____ ___ No, thanks.

Join our *FREE* Client Appreciation Program

Earhtone Bodyworks has a client appreciation program that includes distribution of an occasional newsletter, either by e-mail or in print, which includes a variety of health and wellness information, healthy lifestyle tips and tidbits, recipes, articles, notice of special programs or classes, discounts, and promotions--anything that would be of value to you as you seek greater health and harmony in your life. *May we include you on our mailing list?* ___ Yes, please.

Earhtone Bodyworks offers comprehensive wellness services, including massage therapy and bodywork, life and health coaching, and nutritional supplements. Your total wellness is our concern. We set ourselves apart from other wellness centers in that we keep you in mind between your visits. *When we come across information that might be useful to you or your family, may we call or e-mail you with the appropriate information?* ___ Yes, please.

Lastly, we have occasional "Client Appreciation Parties" to show our gratitude for your business and for your continued referrals. We would be honored to include you. *May we send you an invitation?* ___ Yes, please.

Thank you. Welcome to the *Earhtone Bodyworks*. We look forward to serving you!

There is no better compliment and testimonial for us than when you put our name to yours!
If you know of anyone who would benefit from the fine service you receive at the *Earhtone Bodyworks*, please contact us with their name and number, and we'll be happy to follow up with them for you.