

Emily Kniffin Healing Arts Studio

Name _____ Date of birth _____ Today's date _____

Address _____ Town _____ State _____ Zip _____

E-Mail Address _____ Cell _____ Home _____ Work _____

Occupation _____ Employer _____

Referred By _____

Emergency Contact _____ Relationship _____ Phone _____

Parent/Guardian (if client is a minor) _____

The following information will be used to help plan and provide safe and effective therapeutic bodywork sessions. Please let me know if there is anything else I can do to help you feel as comfortable as possible during your bodywork session, including adjustments to pressure, supportive bolsters/pillows, temperature, sound and light. You are always welcome and encouraged to request what you need to feel comfortable and relaxed during your session.

Do you have previous experience with therapeutic bodywork? If yes, please describe _____

Are you currently under a physician's care for any condition? If yes, please describe _____

Are you currently under care of any other health care practitioners? If yes, please describe _____

Name(s) of health care practitioners _____

Please list current medications if applicable (prescription, non-prescription and/or herbal) _____

Primary reason for today's visit _____

Area of concern where you are experiencing tension, injury, sensitivity, stiffness, or other discomfort

Please describe your goal(s) for your session(s) _____

Please check any condition in your medical history:

- Dentures
- Extensive dental work (braces, extractions)
- Skin condition (acne, rash, skin cancer, allergy, easy bruising)
- Allergies/Sensitivities (especially pertaining to oils, lotions and creams)
- Substance abuse / addiction
- Accident or injury (falls, car accidents)
- Muscular problems (tension, cramping, stiffness)
- Joint problems (osteoarthritis, rheumatoid arthritis, hypermobile joints, recent dislocation)
- Lymphatic condition (swollen glands, nodes removed, lymphedema)
- Circulatory or blood conditions (varicose veins, high/low blood pressure, heart disease)
- Neurological condition (numbness or tingling, sciatica, damage from stroke, epilepsy, brain injury)
- Digestive conditions (ulcers, irritable bowel)
- Immune system conditions (HIV, chronic fatigue)
- Skeletal conditions (osteoporosis, scoliosis)
- Developmental Trauma
- Headaches (tension, migraines)
- Cancer
- Emotional difficulties (depression, anxiety, panic attacks)
- Surgery
- Sleep problems (falling asleep, staying asleep)
- Pregnancy/Childbirth

Are you pregnant? Y N If yes, how many months? _____

Is there anything else you'd like me to know so I can provide a safe and effective session for you?

It is my choice to receive therapeutic bodywork as treatment for the well-being of my body, mind and spirit. This may include stress reduction, relief from muscular tension, spasm or pain, increasing cardiovascular circulation and/or energy flow. I understand that bodywork practitioners do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform forceful spinal manipulations. I understand that I should see a doctor or other appropriate health care provider for diagnosis and treatment of any suspected medical problem. I understand that it is my responsibility to keep my bodywork practitioner informed of any changes in my health, and any medications that I may begin to take in the future. I agree to advise my bodywork practitioner of any physical/emotional changes or difficulties both during and after my session.

Signature _____ Date _____