

Serenity Bodywork
15962 SW Boones Ferry Rd.
Suite 202
Lake Oswego, OR 97035

Health and Medical History Information

Welcome to Serenity!

Some massage techniques should not be performed under certain medical conditions, so please be complete and honest with your answers.
I thank you for taking your time with this form and answering all the medical history questions honestly.

Client Contact Information

Name: _____ Date: _____
Date of Birth: _____ Gender: Male Female Height _____ Weight _____
Address: _____
Phone: _____ E-mail: _____
Referred By: _____ Can we send you monthly e-mail newsletters? Yes No
Emergency Contact: _____ Phone: _____

Do you have a physician referral/prescription? Yes No
Are you wanting to have insurance pay for you treatments? Yes No *If Yes: Please fill out the Insurance Billing Form.

Massage Information

Have you ever received professional massage/bodywork before? Yes No How long ago? _____
What modality of massage/bodywork do you prefer? _____
What kind of pressure do you like? Light Medium Firm
What are your goals/expected outcomes from receiving massage?

Please list your current symptoms/issues (stress, stiffness, pain, numbness/tingling, swelling etc):

Do these symptoms interfere with your daily activities (sleep, exercise, work, childcare) Yes No
Please list any medications you are currently taking:

If you are taking pain killers or muscle relaxers please list when you last took your medication _____

Are you pregnant? Yes No Are you wearing contacts? Yes No



Health History

Have you had an injuries (car accidents, sports incident etc.) or surgeries in the past 5 years, or that you think I should know about? Yes No

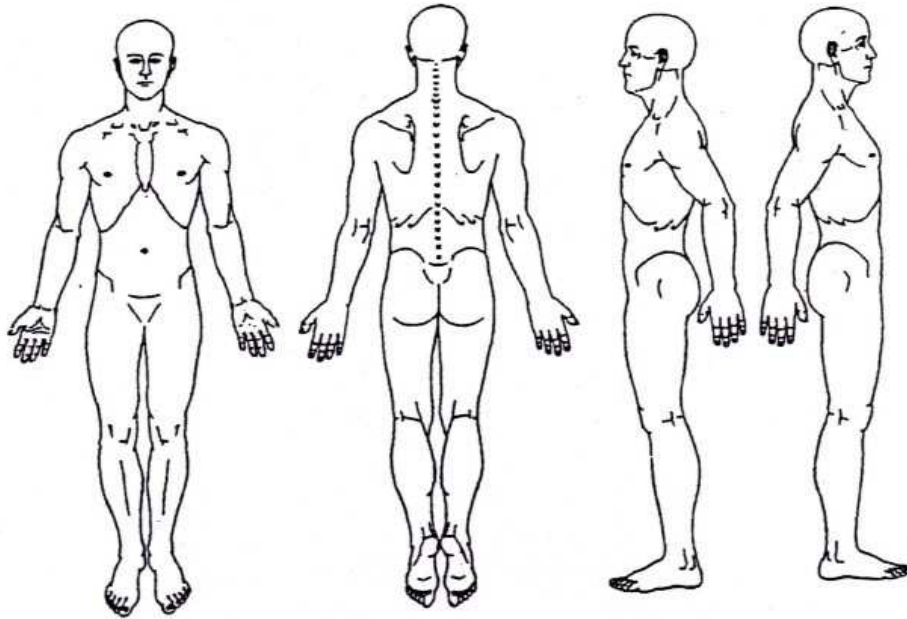
If yes please list:

Please circle any of the following health conditions that you currently have or have had in the past. If you are unsure, feel free to ask. (Blood clots, infections, congestive heart failure, contagious diseases, pitted edema, high blood pressure or any of the * conditions may be contraindicated to massage, so please be as accurate as you can be. Please also indicate any treatment received for the conditions.)

- Past Current Muscle or Joint pain or stiffness _____
- Past Current Numbness or Tingling _____
- Past Current Swelling _____
- Past Current Bruise Easily _____
- Past Current Sensitive to touch/pressure _____
- Past Current *High/Low blood pressure (is it controlled by medication?) _____
- Past Current Stroke, Heart Attack _____
- Past Current *Varicose veins _____
- Past Current Shortness of breath, asthma _____
- Past Current *Cancer _____
- Past Current Neurological (MS, Parkinson's, Chronic Pain) _____
- Past Current *Epilepsy, Seizures _____
- Past Current Headaches, Migraines _____
- Past Current Dizziness, Ringing in ears _____
- Past Current Digestive conditions _____
- Past Current Gas, bloating, constipation _____
- Past Current *Kidney disease, infection _____
- Past Current Arthritis (rheumatoid, osteoarthritis) _____
- Past Current Osteoporosis, Degenerative spine/disk _____
- Past Current Scoliosis _____
- Past Current *Broken bones _____
- Past Current Allergies (please include allergies to lotions or scents) _____
- Past Current Diabetes _____
- Past Current *Endocrine/Thyroid conditions _____
- Past Current Depression, anxiety _____
- Past Current Memory Loss, confusion, easily overwhelmed _____

Is there anything else you think I should know?

Please Indicate on the body map where you have pain or where your symptoms are:



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 stroke 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. My massage therapist my advise me to do so in this case. I also 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 preformed 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 practitioners 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. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment at this clinic. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Printed Name: _____

Parent or Guardian Signature (in case of minor): _____

Therapist Name: _____