



*Healing Hearts Bodywork*

**Patricia Angelina, L.M.T.**

**627 W. 19<sup>th</sup> Street**

**Houston, TX 77008**

**[www.healingheartsbodywork.com](http://www.healingheartsbodywork.com)**

**(713) 426-3577**

It is my choice to receive bodywork. I agree to communicate with my practitioner any time I feel as though my well-being is being compromised. I have the right to stop services at any time if I'm feeling uncomfortable and wish to stop.

All bodywork performed at Healing Hearts Bodywork is **NON**-sexual. Practitioners have the right to refuse services or stop services at any time if they are feeling uncomfortable or unsafe. Full fees will be charged.

Draping is required for all clients. (Draping means being covered with a sheet.)

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 spinal thrust manipulations or perform surgical procedures. I acknowledge that bodywork is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

I have stated all medical conditions that I am aware of and will update the bodywork practitioner of any changes in my health status.

There is a 24-hour cancellation policy in place. I must give a minimum 24-hour notice to cancel my appointment. Otherwise, I will be charged the full fees for the scheduled services, unless, the practitioner is able to schedule that appointment time with another client. The phone number to please call is: (713) 426-3577.

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

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

Printed Name: \_\_\_\_\_

Therapist: Patricia Angelina, L. M. T.

**PERSONAL HEALTH INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Address: \_\_\_\_\_ Phone - Day: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone - Eve: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthday: \_\_\_\_\_

Occupation / Employer:  
\_\_\_\_\_

*\*Emergency contact:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

Have you received massage before? \_\_\_\_\_ if yes, how frequently? \_\_\_\_\_

**HEALTH HISTORY/INFORMATION:**

Are you currently seeing a Doctor or Alternative health care practitioner?  
\_\_\_ Yes \_\_\_ No

Please explain if yes:  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently seeing a psychotherapist or attending regular support group meetings? \_\_\_ Yes \_\_\_ No

Please explain if yes:  
\_\_\_\_\_  
\_\_\_\_\_

**List current medications, including aspirin, ibuprofen, etc.:**

\_\_\_\_\_  
\_\_\_\_\_

**Surgeries:**

\_\_\_\_\_  
\_\_\_\_\_

**Accidents / Injuries:**

\_\_\_\_\_  
\_\_\_\_\_

**CIRCULATORY:**

- \_\_\_\_\_ heart condition
- \_\_\_\_\_ varicose veins
- \_\_\_\_\_ blood clots
- \_\_\_\_\_ high blood pressure
- \_\_\_\_\_ low blood pressure
- \_\_\_\_\_ lymphedema
- \_\_\_\_\_ breathing difficulty
- \_\_\_\_\_ sinus problems
- \_\_\_\_\_ allergies
- \_\_\_\_\_ other?

**NERVOUS SYSTEM:**

- \_\_\_\_\_ herpes / shingles
- \_\_\_\_\_ numbness / tingling
- \_\_\_\_\_ chronic pain
- \_\_\_\_\_ fatigue
  
- \_\_\_\_\_ sleep disorders
- \_\_\_\_\_ other?

**REPRODUCTIVE:**

- Are you pregnant?* \_\_\_\_\_
- Stage* \_\_\_\_\_
- disorders \_\_\_\_\_
- Due Date:* \_\_\_\_\_
  
- \_\_\_\_\_ PMS \_\_\_\_\_ Other?
- addiction \_\_\_\_\_

**MUSCULO-SKELETAL:**

- \_\_\_\_\_ bone or joint disease
- \_\_\_\_\_ tendonitis
- \_\_\_\_\_ bursitis
- \_\_\_\_\_ broken / fractured bones
- \_\_\_\_\_ arthritis
- \_\_\_\_\_ sprains / strains
- \_\_\_\_\_ low back, hip, leg pain
- \_\_\_\_\_ neck, shoulder, arm pain
- \_\_\_\_\_ headaches / head injuries
- \_\_\_\_\_ spasms / cramps
- \_\_\_\_\_ jaw pain / TMJ
- \_\_\_\_\_ lupus
- \_\_\_\_\_ other?

**INFECTIOUS DISEASE:**

- \_\_\_\_\_ disease name(s):

**OTHER Health Issues:**

- \_\_\_\_\_ cancer / tumors
  
- \_\_\_\_\_ diabetes
- \_\_\_\_\_ eating disorders
- \_\_\_\_\_ depression or other mood
  
- \_\_\_\_\_ drug / alcohol addiction
  
- \_\_\_\_\_ nicotine / caffeine