

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 MEDICAL REASONS you are taking medications, including aspirin, ibuprofen, etc.:

Surgeries (past 5 years): _____

Accidents / Injuries / contagious diseases (past 5 years): _____

Please check any of the following pertaining to your health; circle if there are multiple choices:

CIRCULATORY / LUNG:

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

MUSCULO-SKELETAL:

- _____ bone or joint disease
- _____ tendonitis
- _____ bursitis
- _____ broken / fractured bones (past 2 years)
- _____ arthritis
- _____ sprains / strains
- _____ low back, hip, leg pain
- _____ neck, shoulder, arm pain
- _____ headaches / head injuries
- _____ spasms / cramps
- _____ jaw pain / TMJ
- _____ lupus
- _____ other?

NERVOUS SYSTEM:

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

INFECTIOUS DISEASE:

_____ disease name(s): _____

REPRODUCTIVE:

Are you pregnant? _____

Stage _____

Due Date: _____

_____ PMS _____ Other?

OTHER Health Issues:

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

HEALING HEARTS Bodywork
Patricia Angelina, C.M.T.
Atherton Professional Center
4855 Atherton Ave., Suite 201
San Jose, CA 95130
www.healingheartsbodwork.com

408-624-6167

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.)

If I experience any pain or discomfort during my session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

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 or reschedule my appointment. With the lack of 24-hour notice, I will be charged half of the full fee for the scheduled services unless the practitioner is able to fill that appointment time with another client. The phone number to please call is: **408-624-6167**.

Signature: _____

Date: _____

Printed Name: _____

Therapist: Patricia Angelina, C. M. T.