

Client Information Form

Name _____
Address _____
City _____ State _____ Postal Code _____
Emergency Contact _____

Birth Date _____
Best Phone Contact Info _____
E-mail address _____
You will receive emails from me about specials, etc.

Occupation and Leisure Activities _____

Have you had any serious or chronic illness, operations, chronic virus infections or traumatic accidents?
If so, describe briefly. _____

Are you under a doctor, chiropractor or other health practitioner's care? If so, for what condition(s)? _____

Check any of the following that apply to your health: Blood clots _____ Infections _____ Congestive heart failure _____ Contagious diseases _____
Pitted edema _____ Allergies _____ Osteoporosis/Degenerative spine/disc disease _____ Varicose veins _____ Cancer _____ Wearing
contact lenses _____ Pregnant _____ Recent dental work _____

Are you taking any medication(s)? If so, what? _____

List and prioritize current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc). Indicate whether these symptoms interfere with your daily living activities (i.e., sleep, exercise, work, etc.) _____

What are your goals/expected outcomes for receiving massage/bodywork? _____

When did you receive your last massage and for what reason(s)? _____

How were you referred to my office? _____

I acknowledge that:

- Massage, bodywork & somatic therapy (MBST) practices are designed to promote & maintain health & well-being.
- MBST practices do not include the diagnosis or treatment of illness, disease, impairment or disability. This role is for your physician who should be consulted to discuss diagnosis, treatment, etc.
- If any pain or discomfort is experienced during a session, I will immediately inform the therapist so that the pressure &/or strokes may be adjusted to my level of comfort.
- I have reviewed my medical conditions with the therapist to review any contraindicated MBST.
- I will keep the therapist updated as to any changes in my medical condition.
- I have completed this form to the best of my knowledge.
- Information exchanged during any massage session is educational in nature, intended to help me become more familiar & conscious of my own health status. This information is to be used at my own discretion.
- I agree that all services rendered me are charged directly to me and that I am responsible for payment unless prior arrangements have been made.

DATED: _____

Consent to Treatment of Minor: By my signature above, I hereby authorize Eve Sicurella, NJ LBMT to administer massage, bodywork, or somatic therapy techniques to my child or dependent as necessary.