



# The Dharma Center

## Client Information

### PERSONAL INFORMATION

Name (Last, First) : \_\_\_\_\_ Initial Appointment Date: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Preferred Contact: H W C

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referred By: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact/Phone Number \_\_\_\_\_ Relation: \_\_\_\_\_

### MASSAGE TREATMENT INFORMATION

Have you had a massage previously?:  Yes  No How were you referred to us?: \_\_\_\_\_

Are you allergic to any oil/lotions?:  Yes  No Do you object to scented oils/lotions?:  Yes  No

Do you wear contact lenses?  Yes  No

Have you had any surgeries requiring pins, screws, metal plates or prosthesis?:  Yes  No

If so, where are they located? : \_\_\_\_\_

What regular exercise do you do?: \_\_\_\_\_

Area of chronic or recurrent tension/pain: \_\_\_\_\_

Reason for massage treatment: \_\_\_\_\_

### HEALTH HISTORY

Please list any health conditions you are receiving care for and the name(s) of your doctor(s):

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

Current medications and their purposes.:

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

Surgeries/Accidents/Injuries and Date(s):

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

Please check any conditions that apply.

- Allergies
- Fibromyalgia
- Respiratory Condition
- Arthritis
- Fractures
- Scoliosis
- Bruises Easily
- Headache/Sinus
- Skin Conditions
- Bursitis
- Heart Condition
- Tendonitis
- Cancer/Tumors
- Herniated Disc
- Varicose Veins

- Chronic Fatigue
- High/Low Blood Pressure
- Stress Level:
- High
- Medium
- Low
- Constipation
- Hypoglycemia
- High Blood Sugar
- Depression
- Infectious Disease
- Diabetes
- Inflammation

- Digestive Disorders
- Insomnia
- Pregnant
- Number of Weeks: \_\_\_\_\_
- Diarrhea
- Joint Dislocation
- Edema/Swelling
- Neurological Condition
- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand massage practitioners do not diagnose illness or disease, nor do they prescribe medical treatment. I acknowledge that massage is not a substitute to medical examination or diagnosis, and that it is recommended I see a primary health care provider for that service.

I have stated all medical conditions I am aware of and will update the massage therapist of any changed in my health status.

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

*The Dharma Center follows all HIPA laws and treats your personal information as such. If you would like any medical records released to or by The Dharma Center, you will need to fill out a release form. If you have any questions, please contact our Wellness Coordinator.*