Refresh Bodywork

Client Health Questionnaire & Consent Form

Please answer the questions below honestly and completely to help maximize the safety and effectiveness of our sessions. All information provided is confidential.

Name _____ Date of Birth _____

Cell Phone _____ Text Appointment Confirmation Yes / No

Email_____ Subscribe to Newsletter Yes / No

Address _____

City_____ Province_____ Postal Code_____

Entrance Instructions (back door, entrance code, etc)_____

_____

Occupation_____

Emergency Contact Name _____

Relationship to Client_____

Emergency Contact Phone _____

The following information is used to help plan safe and effective treatments sessions.

Please answer questions to the best of your knowledge.

1. How would you rate the current state of your health: Excellent /Good /Fair /Poor

2. How would you rate your stress level: High / Moderate / Low

2. Are you currently under a doctor's care? Y/N If so, explain _____

_____

3. For women, are you pregnant? Yes/No If yes, how far along? _____

4. List other therapies besides conventional medicine or chiropractic that you currently

use _____

5. Are you taking any medication? Y/N If so, what?_____

_____

6. List previous major illnesses, accidents, surgeries or broken bones:

_____

_____

7. Do you have any communicable condition/disease?

Y/N If so, explain _____

8. Do you have any broken skin, rashes, wounds or other skin condition?

? Y/N Please explain _____

9. Do you have any vascular/vein or nerve/muscle/tendon issues with your lower legs or feet (varicose veins, peripheral neuropathy, etc)? Y/N If so, please explain

_____

10. Where is tension most evident in your body? _____

11. Have you received any Natural Health Therapies before? Y/N If so, when? And what was the outcome?_____

_____

12. What are your specific goals for our session_____

_____

You Need to Know That:

1. I am not a doctor.
2. I do not practice medicine.
3. I do not diagnose or treat for a specific illness.
4. I do not prescribe or adjust medication.
5. The treatments offered by Refresh Bodywork are not a substitute for medical treatment, but are complementary to most types of therapy.

If I have been diagnosed by a licensed health professional as having any disease, injury or other physical or mental condition, I understand that I should inform the person who made that diagnosis about the treatment(s)I am receiving. If I have any communicable condition or condition that may contaminate the therapist and equipment, I may be refused service until such time as that condition is certified as cleared.

I understand that any treatment received by Refresh Bodywork should not be construed as a substitute for medical treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment.

I fully understand that the therapist conducting this session is not an doctor, psychologist, or psychiatrist and does not portray himself/herself to be. I agree to keep the therapist updated as to any changes in my medical profile prior to any future sessions and understand that there shall be no liability on the therapist's part nor on the part of Refresh Bodywork, or its affiliates should I fail to do so.

I understand the if I have an pets, they must be kept out to the treatment space for the duration of the treatment.

I understand that full payment is due at the time of service, unless paid for previously.

I understand that I will be liable for payment of all scheduled appointments.

The therapist reserves the right to refuse service to anyone for any reason.

By signing this form, I certify that the above information is correct to the best of my knowledge. I give my consent to receive treatments from Refresh Bodywork. I understand that I may discontinue a treatment at any time for any reason, and if I feel at all uncomfortable I should tell my therapist. I acknowledge that I have read and understand all parts of this consent/intake form, and that I have had the opportunity to ask any questions with regard to any services or therapies offered.

All client information is confidential.

Print Name _____Signature _____

Today's Date _____

Name of Therapist _____Therapist Signature_____