

**Please initial each bullet point after reading. Thank You!**

- If you have specific medical conditions or specific symptoms, bodywork may be contraindicated. \_\_\_\_\_
- A referral from your primary care provider may be required prior to service being provided. \_\_\_\_\_
- I understand that the bodywork I receive is provided for the purpose of relaxation, and the treatment of myofascial tensions, membranous restrictions and in assisting the body's self correcting mechanisms. \_\_\_\_\_
- If I experience discomfort of any kind I will immediately inform my practioner, so the technique can be adjusted to my level of comfort. \_\_\_\_\_
- I understand that bodywork is not a substitute for medical care, diagnosis or treatment of a medical condition and that I should see a medical specialist for any mental and or physical condition I am aware of. I understand that massage therapists are not qualified to diagnosis, treat, prescribe any physical or mental illness, and that nothing said should be construed as such. \_\_\_\_\_
- Since there are conditions in which bodywork should not be performed I affirm that I have stated all my known medical conditions and answered all questions honestly. \_\_\_\_\_
- I agree to keep the practioner updated as to any changes in my medical profile and understand that there shall be no liability on the part of the practioner should I forget to do so. \_\_\_\_\_
- It is also understood that any illicit or suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for full payment of the scheduled appointment. \_\_\_\_\_
- Cancellation policy: Please give 24 hours notice or an 80\$ fee will be assessed for a 1 hour appointment. \_\_\_\_\_
- Missed Appointment policy: Not showing up for a scheduled 1 hour appointment without giving prior notice, a 80\$ fee will be assessed. \_\_\_\_\_

**Your appointment time is reserved specifically for you. Please call as soon as possible if there is a scheduling change needed or an emergency happens. Thank you for respecting my time, and I will do the same for you. If I have to cancel a scheduled appointment with less than 24 hours notice I will more than gladly comp the next session for you! Please give me as much feedback as you can, and allow me to answer any questions or concerns you have about your treatment. Thank You for allowing me to be of service.**

Client

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Welcome to the manual therapy practice of

Elizabeth Browning Jones NCMBT

The following information is needed to help me serve you better.

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Home#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_

Referred by: \_\_\_\_\_

In Case of Emergency: \_\_\_\_\_

Home#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Please circle Yes or No.

Yes No Have you ever received bodywork before? Types? \_\_\_\_\_

Yes No Are you under a Doctors care? Reason \_\_\_\_\_

Yes No Recent stroke, aneurysm, or change in intercranial pressure \_\_\_\_\_

Yes No Do you suffer from acute pain/stress/tension? Where? \_\_\_\_\_

Yes No Do you suffer from chronic pain/stress/tension? Where? \_\_\_\_\_

Yes No Headaches? Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Cause \_\_\_\_\_

Yes No Motor Vehicle Accidents? Date(s) \_\_\_\_\_

Yes No Surgeries? Date(s) \_\_\_\_\_

Yes No Broken Bones? \_\_\_\_\_

Yes No Are you Diabetic, or Epileptic? \_\_\_\_\_

Yes No Prescription Medication? List \_\_\_\_\_

Yes No Herbal supplements or vitamins? \_\_\_\_\_

Yes No Currently pregnant? Births \_\_\_ Children \_\_\_ Traumatic births? \_\_\_\_\_

Yes No Do you drink plain water every day? How much? \_\_\_\_\_

## Please list any and all medical conditions and/or health concerns?

This can help me decide how to proceed with treatment. This information will be kept private and locked in a filing cabinet. Thank you for being thorough and realizing it will help you receive the best possible treatment.

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