

# Absolute Balance Bodywork

## Client Health Update

**CLIENT NAME** (Please Print) \_\_\_\_\_ **DATE** \_\_\_\_\_

### HEALTH INFORMATION UPDATES

Have there been any changes since your last visit?

Contact Information (address, phone) \_\_\_\_\_

Health (illness, injury, surgery, pregnancy) \_\_\_\_\_

Medications \_\_\_\_\_

### MASSAGE

When was your last massage? \_\_\_\_\_

What was it for? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

What are your goals for massage today? \_\_\_\_\_

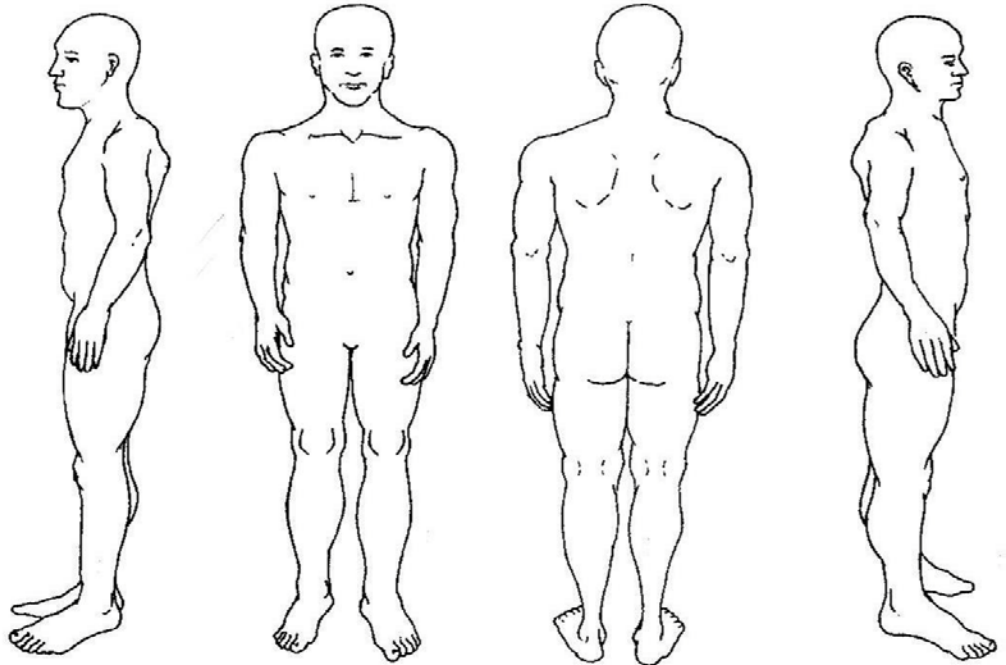
### CURRENT SYMPTOMS

**Location and Type:** Draw circles on the figures below to indicate the location and size of your current symptoms. Write the appropriate letters in the circles to indicate the type of symptoms.

**P** = pain or tenderness

**S** = joint or muscle stiffness

**N** = numbness or tingling



**Intensity:** Place a line on the scale to indicate your current levels of pain and activity restriction.

No pain \_\_\_\_\_ Extreme Pain

Can Do Everything \_\_\_\_\_ Can't Do Anything

