Absolute Balance Bodywork

Client Health Update

CLIENT NAME (Please Print)			DATE _	
HEALTH INFORMATION UPI	DATES			
Have there been any changes since	your last visit?			
Contact Information (addr	ess, phone)			
Health (illness, injury, sur	gery, pregnancy			
Medications				
MASSAGE				
When was your last massage?				
What was it for?				
What are your goals for massage to	oday?			
CURRENT SYMPTOMS Location and Type: Draw circle appropriate letters in the circles to	· ·		n and size of your current sy	mptoms. Write the
P = pain or tenderness				
S = joint or muscle stiffness N = numbness or tingling				
Intensity: Place a line on the scal	e to indicate your cur	rent levels of pain and a	activity restriction.	
No pain		Extreme Pain		
Can Do Everything			Can't Do Anything	

COMMENTS
CONSENT TO TREATMENT
I verify that all the information provided is correct and current to the best of my knowledge. I understand the following:
 I will receive a therapeutic massage for the purpose of maintaining good health and physical condition.
The massage therapist is not legally permitted to diagnose or treat injuries or diseases. Massage should not take
the place of a doctor's care when indicated.
Either the client or the massage therapist may request a change in treatment, behavior, or stop the session
immediately, should either be experiencing discomfort. Such discomfort may include, but is not limited to,
physical pain, inappropriate personal remarks or requests, or sexually suggestive behavior.
 Absolute Balance Bodywork, LLC reserves the right to refuse service to anyone for any reason.
• Absolute Balance Bodywork. LLC does not release client information without the client's written permission.
I have been given the following information:
• The proposed treatment plan for this session, including massage, movement therapy, and hydrotherapy.
 Any contraindications or precautions that will be observed.
• A reminder that I may ask to have the treatment altered or discontinued at any point during the session.
I hereby give my consent to receive therapeutic massage from an Absolute Balance Bodywork, LLC licensed massage therapi
Client Name Client Signature

Therapist Name ______ Therapist Signature _____