

DEMOGRAPHIC INFORMATION

Last Name:	First Name:	MI:
Street Address:		Apt #:
City:	State:	Zip:
Cell #:	Texts?: Y/N	Home /Work ? #:
Email:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate:	Job/Daily Tasks?	
How did you hear about us?		Are you on Facebook? Y or N

Date:

Last Name:

EMERGENCY CONTACTS

Emergency Contact:	Relationship:
Address:	Phone #:

I understand that the services offered through *The Body Works! LLC* and companies or services associated with them are not a substitute for medical care and that any information provided is for educational purposes only and is not diagnostically prescriptive in nature. I agree to actively participate, as much as possible, in my own healing. I have disclosed all known medical and physical conditions and will provide updates. I understand all policies (cancellation, timeliness) and will adhere to them. I recognize potential risk to the musculoskeletal system (dizziness, discomfort in breathing, heart attack) and hereby certify that I know of no medical problem (except those noted below) that would increase my risk of illness and injury as a result of participation in services offered. No services at *The BodyWorks! LLC* are sexual and any said remarks or actions will end the service. By signing this consent form, I understand that I am personally responsible for my actions during my tenure with the *The Body Works! LLC* and that I waive the responsibility *The Body Works! LLC* if I should incur any injury as a result of my negligence.

Client Signature: _____ Date: _____

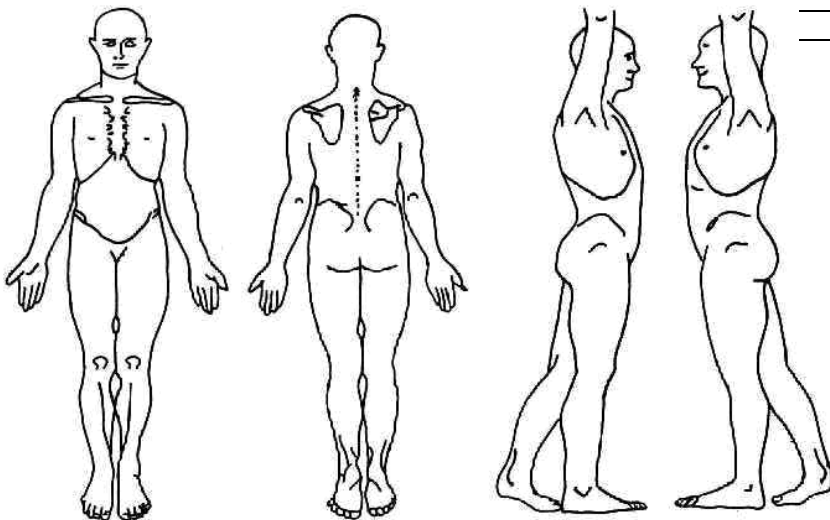
First Name:

MEDICAL HISTORY

Current Physician(s): _____

Indicate areas of discomfort below.

What activities/movements cause discomfort?



Please check YES or NO. Please explain any Yes answers!

Y _____ N _____ Any contagious disease

Y _____ N _____ Any recent surgeries

Y _____ N _____ Any recent injuries

Y _____ N _____ Arthritis

Y _____ N _____ Cancer

Y _____ N _____ Diabetes

Y _____ N _____ Headaches

Y _____ N _____ Heart Problems

Y _____ N _____ Hematoma, Bruise

Y _____ N _____ High Blood Pressure

Y _____ N _____ Lymphedema

Y _____ N _____ Pregnancy, High Risk? Y/N

Y _____ N _____ Other Medical Condition