**First Name:**

**Last Name:**

**MI:**

**City: State: Zip:**

Date:

**Street Address: Apt #:**

**DEMOGRAPHIC INFORMATION**

**Cell #: Texts?: Y/N**

**Home /Work ? #:**

**Email:**

**Gender:**  Female  Male

Last Name:

**Birthdate:**

**Job/Daily Tasks?**

**How did you hear about us? Are you on Facebook? Y or N**

# EMERGENCY CONTACTS

**Emergency Contact: Relationship:**

**Address: Phone #:**

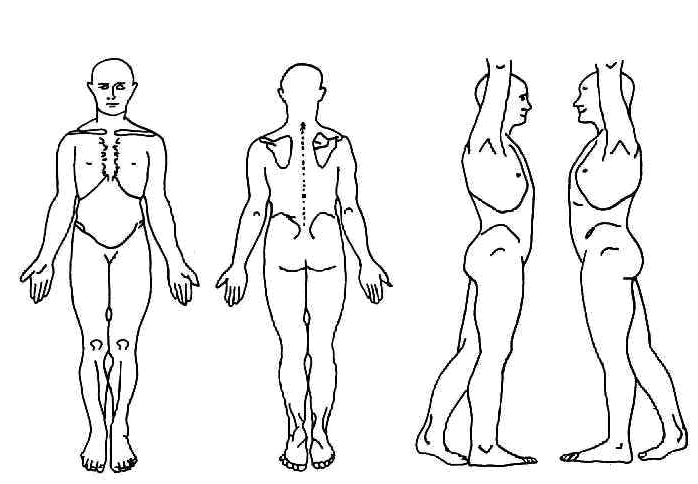
I understand that the services offered through *The Body Works! LLC* and companies or services associated with them are not a substitute for medical care and that any information provided is for educational purposes only and is not diagnostically prescriptive in nature. I agree to actively participate, 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.

First Name:

**Client Signature:** Date:

# 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, Swelling

Y N Pregnancy. High Risk? Y/N

Y N Other Medical Condition