Blissful Being Wellness

Massage. Yoga. Herbalism

Personal Information:

Name _____ Date of Birth_____

Email_____ Occupation _____

Address _____ Phone _____

Emergency Contact _____ Relation_____

Emergency Phone _____ If needed, do you consent to a 911 call: YES ☐ NO ☐

How did you hear about Blissful Being Wellness? _____

The following information will be used to plan safe and effective treatments tailored best to meet your needs. Please answer the questions to the best of your knowledge.

Date of first visit: _____ Have you had a professional massage before? YES ☐ NO ☐

If so, how often?_____ What style of massage are you seeking? _____

Do you have any allergies/sensitivities to oils, lotions, skin products, fabrics/materials or essential oils?

YES ☐ NO ☐ If so please explain_____ Any aversions?_____

Do you have any difficulty lying on your back ☐ side ☐ belly ☐ none apply ☐

In what position(s) do you sleep? _____ How many hours? _____

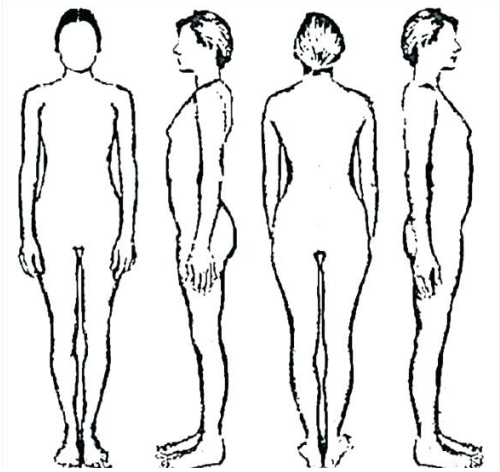
What pressure do you prefer? Light ☐ Moderate ☐ Heavy ☐ I don't know ☐

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? _____

What are your goals for this treatment? _____

_____

Please **circle** any areas of **chronic** pain/discomfort**, shade** areas of **acute** pain/discomfort:



Medical Information:

Are you currently under medical supervision? YES ☐ NO ☐ Primary Provider _____

Do you visit a chiropractor? YES ☐ NO ☐ Chiropractor Name _____ How often?_____

Are you taking any medications/supplements? Please list name and use: _____

_____

_____

Do you suffer from chronic pain? Please explain; what makes it better/worse? _____

_____

_____

Do you suffer from chronic stress? Low-grade ☐ High-grade ☐ How do you notice it manifesting in your life?

_____

Do you sit for long hours at a time (ie: workstation, computer, driving, etc)? YES ☐ NO ☐

If yes, please explain: _____

Do you perform repetitive movements in your daily life, work, hobby? YES ☐ NO ☐

If yes, please explain: _____

Please check **any and all that apply to you** (past or present) and explain below:

- ☐ Cancer
- ☐ Diabetes
- ☐ Neuropathy
- ☐ Heart Attack
- ☐ Hernia
- ☐ Contagious Condition(s)
- ☐ Depression
- ☐ Blood-borne Illness(es)
- ☐ Heart Conditions
- ☐ Osteoporosis
- ☐ Sciatica
- ☐ Scoliosis
- ☐ Hepatitis
- ☐ Easy Bruising
- ☐ Carpal Tunnel Syndrome
- ☐ Anxiety Disorder
- ☐ Other Diagnosed Condition(s)
- ☐ Headaches/Migraines
- ☐ Joint Replacement(s)
- ☐ Fibromyalgia
- ☐ Kidney Dysfunction
- ☐ Sprains or Strains
- ☐ PTSD
- ☐ Open Wound(s)
- ☐ Contagious Condition(s)
- ☐ Tingling/Numbness
- ☐ Spinal Condition(s)
- ☐ Lyme Disease
- ☐ Plantar's Warts
- ☐ Varicose Veins
- ☐ Gout
- ☐ Arthritis (Osteo/Rheumatoid)
- ☐ High/Low Blood Pressure
- ☐ Stroke
- ☐ Blood Clots/ DVT
- ☐ HIV/AIDS
- ☐ History of Trauma
- ☐ Insomnia/Sleep Disorder(s)
- ☐ Poor Digestion
- ☐ Surgery (last 10yrs)
- ☐ Degenerative Disc Disease
- ☐ Herpes
- ☐ Chronic Fatigue/ Epstein Barr
- ☐ Jaw Pain/Tension (TMJD)
- ☐ Skin Condition/Irritation

Explain any conditions you have marked above?

Continued on next page...

Have you had any orthopedic injuries? YES ☐ NO ☐ If yes, please explain: _____

_____

Have you had any car accidents? YES ☐ NO ☐ If yes, please explain: _____

_____

Are you currently pregnant? YES ☐ NO ☐ How far along? _____ Due date_____

Is this your first pregnancy? YES ☐ NO ☐ If no, which number? _____

Are there any high risk factors or complications with this or previous pregnancies? YES ☐ NO ☐

If yes, please explain: _____

Is there anything else about your health history you wish to mention?

_____

_____

_____

_____

INFORMED CONSENT:

I, _____, understand that massage/bodywork should not be construed as a substitute for any medical examination, diagnosis or treatment and that I should see a qualified medical specialist if I become aware of that need. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of the session given should be construed as such. I affirm that I have stated all my known medical conditions and answered all questions honestly.

I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so and release Blissful Being Wellness, LLC and Alix Marmulstein from any and all liability to me. I understand that any illicit or sexually suggestive remarks, actions, or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I agree to provide my email address to be used for appointment reminders, treatment plan support, and the Blissful Being Wellness newsletter.

Furthermore, I accept the Informed Consent- Policies and Agreements as stated on the Blissful Being Wellness website and understand that should I desire a copy of the document, that it is available to me. I agree to complete payment at time of services, and that any outstanding payments incurred via insurance billing or otherwise are to be paid within two (2) months of first date of service, otherwise I shall be charged late fees associated with outstanding invoices and possibly legal action may follow. If so, I will be responsible for all reasonable costs associated with collection of such fees.

__Cancellation Policy**__: In the event of a need to reschedule, *you must notify me within **24** hours of your appointment time otherwise you will be **charged in full** for the appointment*.

Signature of client: _____ Date: _____

Signature of Massage Therapist: _____ Date: _____