

CLIENT INFORMATION
Karen Axelrod, MA, CST-D, CACMT
Certified Somatic Therapist

Name: _____ Phone: _____

Address: _____

Birth date: _____ Referred by: _____

Emergency contact: _____ Phone: _____

Why are you coming for a session today? _____

Have you ever received professional bodywork before? Yes ___ No ___

Please indicate the date, source, and type of any past injuries, illnesses, traumas, or surgeries:

<i>On/since</i>	<i>Nature of disorder</i>	<i>Source (if known)</i>
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Are you on prescription medications or following any other health care regimen I should know about? _____

Are you pregnant? Yes ___ No ___ *If yes, please answer the following questions:*

Due date: _____ First pregnancy? Yes ___ No ___

Doctor's name/city: _____ Any challenges or issues with your pregnancy? _____

If yes, what? _____

If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required. Because massage/bodywork may be contraindicated for certain medical conditions, 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 forget to do so. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure or work may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any mental or physical ailment that I am aware of. I understand massage therapists and bodyworkers 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(s) given should be construed as such. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

____ (initial) ***I understand cancellations made with less than 48 hours notice, late arrivals, and no-shows will be liable for the cost of the full session.***

Signed: _____ Date: _____

Please do not write below this line.