

Vital Living
Carrboro, NC

CONFIDENTIAL CLIENT INFORMATION

Thank you for completing this form. Please print clearly.

Full Name:_____ Today's Date:_____

Preferred Phone:_____ Age:_____

Email:_____ Date of Birth:_____

Address:_____

Occupation:_____

Referred by:_____

How would you describe your general health?_____

On a scale of 1-10, with 10 being highest, please rate the quality of your:

Diet_____ Exercise_____ Sleep_____

What kinds of exercise do you engage in and how often?_____

How much of these items do you consume daily?

Water_____ Alcohol_____ Coffee/soda_____ Tobacco_____

How do you relax?_____

What are your sources of recreation?_____

Have you experienced previous bodywork?_____

If so, what types and when was your last session?_____

What did you enjoy the most?_____

What other alternative therapies have you experienced?_____

Do you have a primary area of complaint? Please label:_____

How did this condition develop?_____

Does it interfere with your work?_____ Daily routine?_____ Sleep?_____

What makes it better?_____ Worse?_____

Do you have other areas of pain or discomfort?_____

Are you currently under the care of a physician or therapist? _____

If so, please describe: _____

Please list any *current* medications and reasons for use: _____

Please check any condition(s) that apply to you and describe below:

___ Allergies

___ Headaches

___ Osteoporosis

___ Arthritis

___ Heart Condition

___ Pregnancy

___ Cancer

___ High/Low Blood Pressure

___ Skin Problems

___ Diabetes

___ Muscle/Joint Pain

___ Swelling/Edema

Other? _____

Do you wear contacts? _____ Dentures/Removable Bridgework? _____ Hairpiece/wig? _____

Please read and sign below:

I understand that:

- massage therapy is provided for stress relief, muscular tension/spasm release, increased circulation, and developing body awareness;
- I am responsible for requesting adjustments if I experience discomfort or pain;
- privacy is expected and areas of my body not being directly tended will be draped;
- massage professionals make no diagnoses and write no prescriptions.

Signature _____ Date _____

Emergency Contact: Name _____ Phone _____