BEING IN *"full body meditation"*

BALANCE®

**Confidential Client Health History**

Please print clearly

Full name _____ Today's date _____

Street _____ Telephone _____

City, Zip _____ Email _____

DOB _____ Who can I thank for referring you today?

What is the primary reason for your visit today?

Have you ever received a massage or a therapeutic touch modality (i.e. physical therapy, Reiki)?
How long ago and for what condition?

Tell me about your occupation.

How do you most enjoy spending your time?

Are you currently under medical treatment (including psychotherapy), and if so, for what reason?

What is your general daily stress level (1-5, low to high)?
What do you do to mediate stress (exercise, meditation, etc)?

Are you taking any medications or supplements?

Please list any past or recent surgeries.

Please circle any of the following conditions that apply to you:

pregnancy
arthritis
osteoporosis
back problems
joint problems
skin conditions
cuts/bruises
athlete's foot
low/high blood pressure
fainting
headaches
sleep disorder/disruption
increased intracranial pressure
recent skull fracture
stroke
concussion
subdural hematoma
vertigo/dizziness
brain tumor
convulsions/seizures
cancer
lymph node removal
lymphedema
allergies
respiratory problems
digestive problems
blood clots/vericose veins
diabetes
heart conditions
circulatory problems

Please list any other major illnesses or conditions, or anything additional I should know:

**Session Information and Client Pledge for Participation**

Each session length is approximately one hour (plan for up to 90 minutes, including intake and post-treatment information).

All sessions are performed with the client lying face-up, fully clothed, in comfortable workout clothing (yoga pants or synthetic workout pants or shorts and a t-shirt are ideal).
Please bring or wear loose-fitting clothing to your appointment.

A safe and secure environment allows you to achieve the deepest state of relaxation. I welcome open communication to ensure your comfort throughout the session.

Progress during and between sessions depends on both the therapist and the client working together. Each client should be able to answer the following questions with a "Yes!" statement throughout the time they are receiving treatment:

- "I want to feel better. I am ready for necessary change to come into my life."
- "I am open to receiving this bodywork."
- "I see the benefit of, and make time for simple, daily mind exercises, which are imperative for holding positive changes made during each session."
- "I agree to work together with Jennie to make the most positive change for myself."

_____ _____

**Client Signature** **Date**

**Informed Consent Agreement**
I understand that the massage given to me by Jennie Finn is for the purpose of stress reduction and/or pain reduction.

I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

I have stated all my known physical conditions and medications, and I will keep the massage therapist updated on any changes.

_____ _____

**Client Signature** **Date**

**Cancellation Policy/No Show Policy**
Being In Balance is committed to providing all of its clients with exceptional care. When a client cancels without giving enough notice, they may prevent another client from receiving treatment.

Please call (401) 575-7379 at least 24 hours in advance of your scheduled appointment to notify me of any changes or cancellations. If ample notice is not given, you will be charged forty dollars ($40) for the missed appointment.

Please call if you are running late to your appointment. Although I do my best to accommodate clients, in this case I cannot guarantee the full length of your session.

_____ _____

**Client Signature** **Date**