

# Absolute Balance Bodywork

## Client Health Update

**CLIENT NAME** (Please Print) \_\_\_\_\_ **DATE** \_\_\_\_\_

### HEALTH INFORMATION UPDATES

Have there been any changes since your last visit?

Contact Information (address, phone) \_\_\_\_\_

Health (illness, injury, surgery, pregnancy) \_\_\_\_\_

Medications \_\_\_\_\_

### MASSAGE

When was your last massage? \_\_\_\_\_

What was it for? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

What are your goals for massage today? \_\_\_\_\_

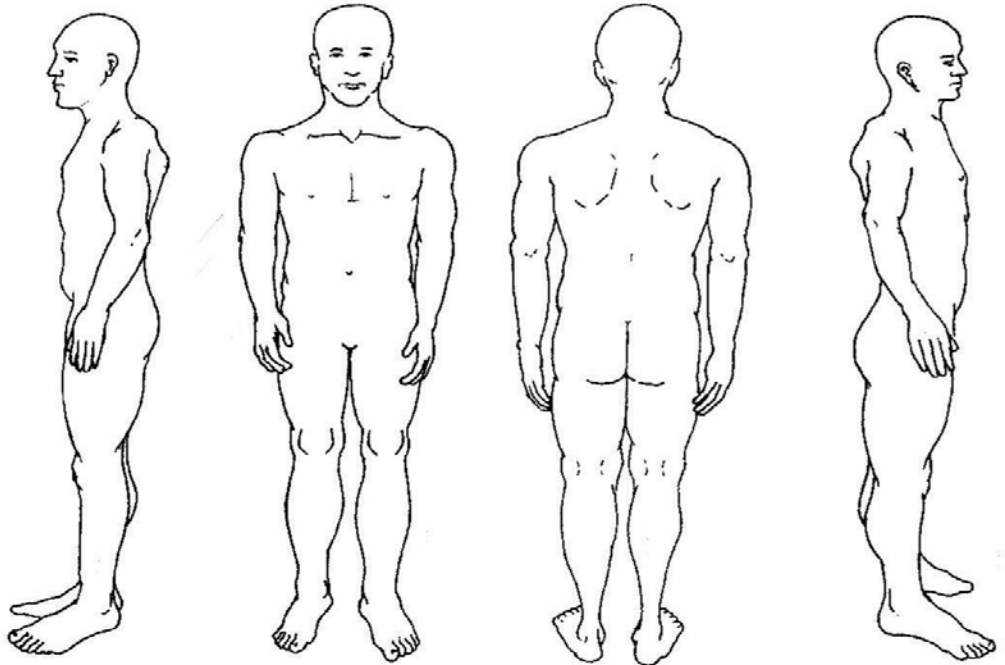
### CURRENT SYMPTOMS

**Location and Type:** Draw circles on the figures below to indicate the location and size of your current symptoms. Write the appropriate letters in the circles to indicate the type of symptoms.

**P** = pain or tenderness

**S** = joint or muscle stiffness

**N** = numbness or tingling



**Intensity:** Place a line on the scale to indicate your current levels of pain and activity restriction.

No pain \_\_\_\_\_ Extreme Pain

Can Do Everything \_\_\_\_\_ Can't Do Anything

**COMMENTS**

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**CONSENT TO TREATMENT**

I verify that all the information provided is correct and current to the best of my knowledge. I understand the following:

- I will receive a therapeutic massage for the purpose of maintaining good health and physical condition.
- The massage therapist is not legally permitted to diagnose or treat injuries or diseases. Massage should not take the place of a doctor’s care when indicated.
- Either the client or the massage therapist may request a change in treatment, behavior, or stop the session immediately, should either be experiencing discomfort. Such discomfort may include, but is not limited to, physical pain, inappropriate personal remarks or requests, or sexually suggestive behavior.
- Absolute Balance Bodywork, LLC reserves the right to refuse service to anyone for any reason.
- Absolute Balance Bodywork, LLC does not release client information without the client’s written permission.

I have been given the following information:

- The proposed treatment plan for this session, including massage, movement therapy, and hydrotherapy.
- Any contraindications or precautions that will be observed.
- A reminder that I may ask to have the treatment altered or discontinued at any point during the session.

I hereby give my consent to receive therapeutic massage from an Absolute Balance Bodywork, LLC licensed massage therapist.

**Client Name** \_\_\_\_\_ **Client Signature** \_\_\_\_\_

**Therapist Name** \_\_\_\_\_ **Therapist Signature** \_\_\_\_\_