Able Bodyworks - Client Information

Name:_____HomePhone:_____

Address:_____WorkPhone:_____

City: _____State:___ ZIP:_____ CellPhone:_____

Email: _____

Birth Date: _____Referred by:_____

Emergency contact:_____ Phone:_____

Physician:_____ Phone:_____

Check all that apply

- ☐ Do you suffer from stress?
- ☐ Do you suffer from back pain?
- ☐ Do you have frequent headaches?
- ☐ Do you have joint swelling?
- ☐ Do you suffer from arthritis?
- ☐ Do you have varicose veins?
- ☐ Do you have epilepsy or seizures?
- ☐ Do you have osteoporosis?
- ☐ Do you have any allergies?
- ☐ Do you have diabetes?
- ☐ Are you pregnant?
- ☐ Do you prefer to be clothed?
- ☐ Have you had any broken bones in the last two years?
- ☐ Have you had an accident in the last two years?
- ☐ Have you had surgery?
- ☐ Do you have numbness or sensitive areas?
- ☐ Do you have circulatory problems?
- ☐ Do you bruise easily?
- ☐ Are you wearing contact lenses?
- ☐ Are you wearing dentures?
- ☐ Have you suffered from trauma?
- ☐ Have you been sexually abused?
- ☐ Do you have any other medical conditions?
- ☐ Are there areas that you do not want worked?

Comments:_____

_____

_____

Please list all pertinent medications:_____

_____

Client Signature:_____ Date:_____

Notes:_____

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It is important to fully disclose all pertinent medical conditions so that I can treat you more effectively and avoid techniques that may be contraindicated. 8/13