

Health Concepts LLC

Client Information

Revised 12/2013

Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone (_____) _____
 Cell Phone (_____) _____
 Email Address _____
 Age _____ Male _____ Female _____
 Date Of Birth _____
 Occupation _____

In Case of Emergency Please Notify
 Name _____ Phone _____

GENERAL & MEDICAL INFORMATION

Do you have / suffer from any of the following:

Circle **all** that apply:

- | | | |
|----------------------|--------------------|---------------------|
| Stress | Diabetes | High Blood Pressure |
| Arthritis | Seizures | Claustrophobia |
| Hemophiliac | Osteoporosis | Rashes |
| Varicose Veins | Frequent Headaches | |
| Migraines | Sinus Blockages | Fibromyalgia |
| Bruise Easily | Joint Swelling | Skin Cancers |
| Eczema | Psoriasis | Cardiac Problems |
| Circulatory Problems | Tubes in Ears | |

How Often do you use the following:
 Caffeine _____ Water _____
 Alcohol _____ Tobacco _____

What type of exercise do you do & how often?

What do you do to relax? _____

List all known allergies _____

Have you ever experienced a professional massage or bodywork session? Yes No

Do you have tension or soreness? No Yes
 Where _____
 Are you sensitive to touch or pressure? No Yes
 Where _____
 Do you have numbness or stabbing pain No Yes
 Where _____
 Have you had surgery in the last year? No Yes
 What type & When _____
 Have you had any broken bones in the past 2 years? No Yes
 What type _____
 Have you been in an accident or suffered any serious injuries in the last 2 years? Yes No _____
 Do you have any contagious diseases? _____
 Do you have any other medical conditions we should be aware of? _____
 List all current medications, herbs or supplements

HOW DID YOU HEAR ABOUT US?



Found us online, please circle where. Not listed? Please list it here _____

Referred by a family member or friend? Please list their name & they will get a \$5 credit on their account

Did you find us in a phonebook? YES / NO
 Did you see us at a health fair or event? Which one _____

Our clients privacy is our top priority, we **DO NOT SHARE OR SELL YOUR EMAIL ADDRESS.**

1. You will **ALWAYS** receive an email confirmation of scheduled appointment.
 2. You may also **CHOOSE** to receive emails about last minute appointment openings, news about upcoming specials, and a birthday email
- Do you wish to receive emails YES NO Page 1 of 3