



Client Information form

CONFIDENTIALITY: All information on this questionnaire will be kept strictly confidential

Name: _____

DOB: _____

E-mail: _____

Emergency Contact: _____

Phone: _____

Phone: _____

Address: _____

Occupation: _____

City: _____ State: _____ Zip: _____

Referred by: _____

Age: _____

Welcome to your experience of deep rest and restoration. Please take a few moments to tell me about your health status, needs and concerns.

When you book a session, your mind is already registering the fact that rejuvenation is coming soon. Know that the positive effects of self care are already happening biochemically in your brain.

Relaxing the nervous system boosts your immune response, reduces cardiovascular stress, activates the calming powers of the vagus nerve and detoxifies the lymph system. All modalities enhance the release of healing hormones that act as neurotransmitters restoring healthy patterns disrupted by stress.

In acupuncture, the needle alone accomplishes nothing. Your body does the work. I seek to facilitate a healing environment that supports your wellness. Be a witness to all wonders.

maximum benefit from your session, it is best to remain as quiet as possible and integrate in stillness afterwards.

On the day of your appointment, if you can, wear glasses instead of contact lenses and wear or bring comfortable unbinding clothing. Try to carve out as much quiet time as possible after your session. Limit caffeine and hydrate well.

You matter! See you soon!

Do you have any special needs we can accommodate?

Are you experiencing physical pain in areas that would not tolerate being touched?

Are there specific Traumas, Accidents, Current or Post Traumatic Stressors that may be helpful for me to know about?

If you are not comfortable sharing you are not obligated to share unless you feel it would serve you.

Are you comfortable with touch? Please explain if not and briefly describe types of massage preferences.

What are you currently doing to manage your stress?

Please highlight anything below that applies and add explanations if necessary:

Have you had:

Recent head or spine injury

Recent spinal tap

Brain hemorrhage

Stroke

Skull Fracture

Blood Clots

Illness or surgery that has not been cleared by a physician

Do you suffer from Arnold Chiari Malformation of the skull?

Do you have epilepsy?

Do you take blood thinners or aspirin?

Do you bruise easily?

Do you wear contact lenses?

General Health Questions:

Headaches

Migraines

Sleep Disturbance

Fatigue

Sinus

Tinnitus

Loss of Memory

Numbness

Tingling

Depression

Chronic pain

Concussions

Blood Clots

Lymph Edema

Irregular Heartbeat

Arthritis
Varicose Veins
TMJ Jaw Pain
Asthma
Diabetes
IBS

Painful emotional menses
Cancer/Tumors
Chemotherapy
Dialysis
High/Low Blood Pressure
Heart Disease

Edema/Swollen Ankles
Rashes, Psoriasis
Athletes Foot
Disk Problem
Recent Sprains or Injuries

Medications: _____

Habits: Alcohol Tobacco Drugs Coffee Marijuana

TMJ:

Have you had your jaw evaluated by a Dental Specialist?
Do you wear a night guard or oral appliance?
Have you had any surgeries for your Jaw or Jaw joint?
Have you experienced your Jaw locking?

Do you have clicking in your jaw?
If yes, Right/ Left or Both sides?
Have you had intraoral massage before?

Do you receive Chiropractic care?

Due to the prevalence of sensitivities, I minimize the use of essential oils and use fragrance free, organic detergents only. No candles are used.
Please specify if you have specific needs for body oils. I offer pure virgin coconut, sesame and castor oil in addition to biotone cream that includes homeopathic tissue support.

Please read the following statement and sign below:

I fully understand that Restorative Wellness Therapies are not a substitute for medical examinations and/or diagnosis, and that it is recommended that I see a physician for any physical ailment I may have. I have stated all known medical conditions, and take it upon myself to keep the therapist updated on any changes. I understand that any remarks or actions of a sexual nature will result in immediate termination of session, with no refund, and that no future appointments will be allowed.