

Date: _____

Name: _____

E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone #: _____ This is my: Home Cell Work Birthday: ___ / ___ / ___

Emergency Contact: _____ Phone #: _____

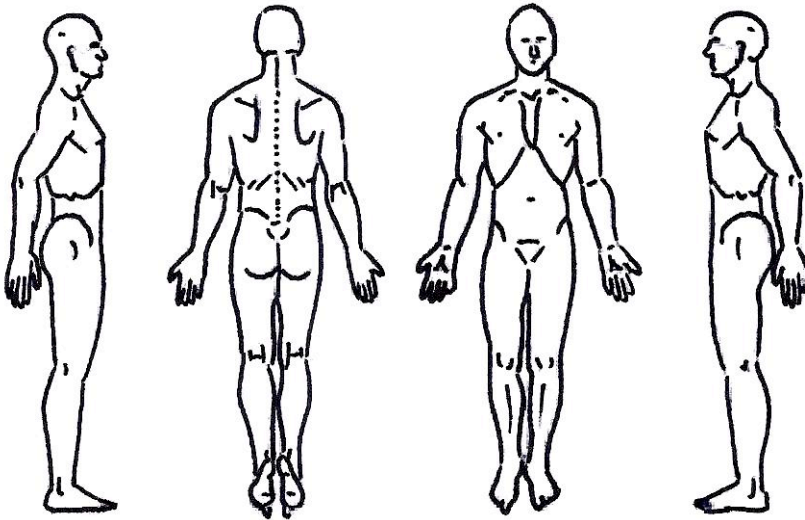
Preferred Method of Communication: Phone E-Mail Text phone provider: _____

Who can we thank for referring you? Facebook Twitter Yelp LW website Internet search Signs

Coupon/Promotion Person: (Who?) _____

Please use an "X" to mark the areas you would like extra attention or where you feel pain or discomfort:

I want today's session to be about:



- relaxation
- pain relief
- stress relief
- other _____

My plan is to use LivingWell to:

- stay relaxed
- decrease/eliminate muscle pain
- decrease stress
- treat/maintain chronic problems

My Current Stress Level is a:

1 2 3 4 5 6 7 8 9 10

Check any box that applies; please explain as clearly as possible in the comments section further below:

- I have experienced professional massage or bodywork
- frequent headaches
- pregnant
- diabetes
- joint swelling
- high blood pressure
- osteoporosis
- cardiac or circulatory problems
- numbness or stabbing pains
- bruise easily
- varicose veins
- arthritis
- allergies
- epilepsy or seizures
- contagious diseases
- blood thinners
- injuries/broken bones (during past 2 years)

Comments: _____

Your Caregivers

	Name	City/State
Primary Doctor:	_____	_____
Orthopedic:	_____	_____
Chiropractor:	_____	_____
Physical Therapist:	_____	_____

We understand that everyone's needs are unique. We offer a variety of healing modalities that can be used individually or in combination to bring you to optimal health. If you would like a free consultation with one of our professional staff members please check below.

- | | |
|--|--|
| <input type="checkbox"/> Bodywork with Frank | <input type="checkbox"/> Skin Care |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Acupuncture Facial Rejuvenation |

LivingWell Policies

- Because massage and/or complementary therapies should not be done under certain conditions, all known medical conditions should be disclosed to the therapist.
- Therapeutic massage should not be construed as a substitute for medical examination, diagnosis, or treatment.
- Illicit or sexually suggestive remarks or advances will result in immediate termination of the session.
- I understand that if I wish to cancel my appointment; I must do so no less than 24 hours before my scheduled appointment time. If I do not give 24 hours notice, I agree to pay 100% of the charge of the missed appointment.
- I give LivingWell permission to consult the above listed health care providers regarding my health and treatment.

My signature below indicates that I have read, understand and agree to the information enclosed.

Signature: **X** _____ Date: _____

Signature of Parent/Guardian (if under 18 yrs. of age): **X** _____ Date: _____

This Area for Therapist Use Only Please:

Therapist Name: _____

Contact Log: _____

