movementbodywork
form, strength, movement, foundation, structure

Samuel Hobbs LMT #20584
samuel@movementbodywork.com
503.860.5893

Client Health Information & Consent Form

** All information is held confidential **

General Information:

Date: _____

Name: _____ Gender: _____

Date of Birth: _____ Occupation: _____

Phone (Main): _____ Ext: _____ Type: ☐ Call ☐ Text ☐ Voice Mail

Phone (Other): _____ Ext: _____ Type: ☐ Call ☐ Text ☐ Voice Mail

Email: _____

Address: _____ Apt/Unit: _____

Emergency Contact(s):

Name: _____ Phone: _____ Ext: _____

Name: _____ Phone: _____ Ext: _____

Treatment Goals:

_____

Current Health Concerns:

Recent Injuries: _____

Long-term injuries/illnesses: _____

Surgeries: _____

Pain: _____

Numbness/loss of sensation: _____

Allergies: _____

Swelling/Inflammation/Edema: _____

Other Conditions: _____

If you have been diagnosed with cancer, please indicate type, stage, location, and if/how often you're receiving chemotherapy.

_____

_____

Please list medications or substances, and their side-effects, you are currently taking as they may affect the work performed.
(e.g. homeopathic remedies, drugs, prescribed medications, herbs, vitamins, etc.)

_____

_____

Physician(s):

Provider(s) (name, phone, reason): _____

_____

☐ I give permission to discuss, and share my health care treatment and chart notes with my health providers listed. (optional)

☐ I give permission for my chart notes and other health information to be shared as needed for my authorized insurance claims. (optional)

** Note: insurance companies require this information to process claims and disperse payments. **

Massage & Bodywork History:

Other bodywork you are currently receiving, goals, type(s), and how often? (e.g. massage, chiropractic, acupuncture, etc.)

_____

_____

Medical History:

Please indicate if you have one or more of the following organs and/or implants:

☐ Uterus Ovaries: ☐ Left ☐ Right ☐ IUD ☐ Abdominal Mesh ☐ Gastric Band ☐ Heart Stent

☐ Prostate Testes: ☐ Left ☐ Right ☐ Pacemaker ☐ Insulin Pump ☐ Other: _____

Please indicate if you are experiencing, or have experienced, issues with any of the following systems/conditions.

** Some conditions may require a note from a medical doctor stating that receiving massage/bodywork is safe for you. **

☐ Integumentary (e.g. Warts, Rashes, Sores): _____

☐ Reproductive (e.g. Pregnancy, Endometriosis, Prostatitis): _____

☐ Cardiovascular/Circulatory (e.g. Clots, High/Low BP, Varicose): _____

☐ Endocrine (e.g. Thyroid, Hormones, Diabetes): _____

☐ Neurological (e.g. MS, Parkinson's, Seizures, Numbness, Tingling): _____

☐ Digestive (e.g. Crohn's, IBS, Constipation): _____

☐ Auditory (e.g. Hearing Loss, Ringing): _____

☐ Respiratory (e.g. Asthma, Pneumonia): _____

☐ Immune (e.g. HIV, AIDS): _____

☐ Skeletal/Joints (e.g. Osteoporosis, Breaks/Fractures): _____

☐ Spine/Disk (e.g. Whiplash, Degeneration): _____

☐ Muscle/Tendon (e.g. Tension, Strains, Sprains, Hernia): _____

☐ Dental (e.g. TMJ, Jaw Tension, Grinding): _____

☐ Dizziness, Headaches/Migraines: _____

☐ Psychological (e.g. Alzheimer's, Memory Loss): _____

☐ Allergies/Other: _____

Comments: _____

_____

Informed Consent:

_____ I, the client, understand that I will be receiving massage/bodywork within the scope and practice of a licensed massage therapist (LMT). I understand that a LMT may not: perform chiropractic skeletal adjustments; diagnose, nor treat, physical or mental conditions or diseases; prescribe medications, nor offer medical advice outside their scope or training. I understand that massage/bodywork does not replace appropriate qualified medical advice, examination and/or treatment, and that nothing said in the course of the session(s) given should be construed as such.

_____ I understand bodywork sessions are voluntary and for my sole benefit. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all known personal medical conditions, and answered all questions honestly. I understand it is my sole responsibility to keep the practitioner updated as to any changes in my medical profile, and I assume all risks of participation in the bodywork session(s), including, but not limited to, risk of medical complications, injury, or death. I expressly waive, release, discharge, and hold harmless Movement Bodywork, and the practitioner(s), of any and all liability claims and demands, including legal fees and costs, as a result of my participation in any activity of any type with Movement Bodywork. I futher understand I, or the practitioner, may modify the treatment plan or terminate the treatment session(s), at any time, in order to maintain the safety and health of the practitioner and client. I will immediately inform the practitioner if a technique requires modification for my safety and personal threshold of discomfort.

_____ I understand that massage/bodywork is non-sexual in practice; any illicit or sexually suggestive remarks or advances made by me, perceived or otherwise, will result in warnings and/or immediate termination of the session(s). I further understand I will be liable for payment of the scheduled appointment regardless of reason for early termination.

** All cancellations require 24 hours notice or the full session fee may be charged. **

If I have an illness, injury or surgery, I will contact the practitioner so a decision can be made about rescheduling.

By signing below, I confirm I have read, and agree, to the conditions of treatment and give my consent to receive care.

Signature: _____ **Date:** _____

Client Signature (or parent/guardian if under 18 years of age)