Heart in Hand Confidential Client Information

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Name _____Email_____

Address _____ Do you text? Y N

Telephones: H)_____ W) _____C)_____

Occupation_____ RH/ LH_____ Height_____ Weight_____

Referred by _____ Age _____ Birthdate _____

In case of emergency: _____

I, the undersigned person, understand that massage therapy is offered for the purpose of stress reduction, relief from muscular tension or spasm, and/or for increasing circulation, health and energy flow. I understand that Meg Blanchet does not diagnose illness, disease or any other physical or mental disorder, nor does she prescribe medical treatment, pharmaceuticals, or perform spinal manipulations. It has been made clear to me that this treatment is not a substitute for medical examination, and that it is recommended that I see a physician for any physical ailment that I might have.
Because any previous physical conditions can be pertinent to treatment, I have stated all my known medical history and will take it upon myself to keep Meg updated on my physical health.
I agree to pay for each session at the time of service unless other arrangements have been made. I understand that I am responsible for full payment of missed or canceled appointments with less than 24 hours notice.

Signed_____ Date _____

The following information will assist in designing the most effective holistic assessment and treatment for you. Thank you.

Please share your treatment goals: _____

Please list any complaints/challenges in order of importance:

_____

_____

Date(s) you first noticed symptoms: _____

_____

Are you presently under a doctor's care? Y/N

Do you have any doctors' diagnoses?_____

List all medications you are presently taking: _____
_____
Would you mind my discussing any relevant problems with your doctor? Y/N
Doctor's name and phone number:
_____

What kind of treatments have you tried previously? _____
_____

If you have pain or numbness in any of the following, circle and indicate R, L or both:

Shoulder	arm	elbow
Hand	hip	leg
Knee	feet	jaw
Lower back	between shoulders	neck or head

To what extent does this interfere with your daily activities (work, sleep, sex?)
_____

Please list any accidents, broken bones and/or operations that you have had including the dates:_____
_____
_____

Do you have issues around being touched? _____

Are you involved in any type of therapy at present? _____

Significant trauma (auto accidents, abuse, falls) not mentioned above?
_____

Do you maintain a well balanced diet? _____
Do you have food restrictions or allergies? Which?
_____
Do you drink caffeine, smoke cigarettes, d&/or drink alcohol?
Please describe your digestion and elimination?_____
_____

Do you supplement your diet? Y/N Do you wear contacts lens? Y/N

What kinds of exercise do you do and how much? _____
Do you have any difficulty getting to sleep? Y/N How many hours of sleep? _____

How do you relax? _____

With whom do you live?_____

Is your home life stressful? Do you feel safe?

_____

Please circle for present and underline for past if anything applies:

Self	Family Member	Issue	Self	Family Member	Issue
_____	_____	Cancer	_____	_____	Heart disease
_____	_____	Diabetes	_____	_____	Blood clotting
_____	_____	Hepatitis	_____	_____	High/low BP
_____	_____	MS	_____	_____	Varicose veins
_____	_____	Seizures	_____	_____	Poor circulation
_____	_____	Allergies	_____	_____	Anemia
_____	_____	Asthma	_____	_____	Stroke
_____	_____	Cough	_____	_____	Tuberculosis
_____	_____	STDs	_____	_____	Thyroid issues
_____	_____	Tumors	_____	_____	Difficulty breathing
_____	_____	Anxiety	_____	_____	Depression
_____	_____	Cramps	_____	_____	Fibromyalgia
_____	_____	Kidney issues	_____	_____	Drug/Alcohol issues
_____	_____	Whiplash	_____	_____	Chronic Pain
_____	_____	Fatigue	_____	_____	Digestive Issues
_____	_____	Headaches	_____	_____	Skin Problems
_____	_____	Arthritis	Type:_____		

Women:

painful menstruation pregnancy IUD irregular menstrual cycle
menopause osteoporosis/osteopenia

Are there any other medical conditions that have not been mentioned above?

_____

Birth history (prolonged labor, forceps delivery etc)

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Licensed in Massage Therapy **Lic #3724**
Certified: Hakomi Body-Centered Therapy
Integrative Manual Therapy,
Reiki Master
Functional Indirect, Craniosacral Therapy,