ALEX SUSBAUER BODYWORK LLC

Alex Susbauer, BCSI, LMT # 8205 2135 SE 76th Ave. Portland, OR 97215 503-201-9449

CLIENT HEALTH INFORMATION FORM

All information will be held confidential

Date: _____

Name: _____ ☐ Male ☐ Female

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

Date of Birth: ___/___/_____ Phone: _____ Email: _____

Emergency Contact(s):

Name: _____ *Phone:* _____ *Name:* _____ *Phone:* _____

GOALS

Please indicate your goals for treatment:

_____

_____

_____

MEDICAL HISTORY

Please indicate if you have any trouble with the following systems and write an explanation of the problem. Use the lines below or the back of this page if you need more space. If you are under the care of a physician for anything please give the physician's name and phone number in the space indicated.

☐ Cardiovascular _____

☐ Endocrine (hormones) _____

☐ Integumentary (skin)_____

☐ Urinary _____

☐ Neurological _____

☐ Psychological _____

☐ Respiratory _____

☐ Reproductive _____

☐ Musculoskeletal _____

☐ Gastrointestinal _____

☐ Immune _____

Physician's name: _____ Seeing for _____ Phone: _____-_____-_____

Physician's name: _____ Seeing for _____Phone: _____-_____-_____

May I have your permission to contact your health care provider(s) about your medical history? This is sometimes helpful in determining the best and /or safest course of action. Please initial: YES _____ NO _____

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Please indicate if you have any of the following and explain (what type, what date, where, etc.) as they may have an effect on the work I provide.

☐ Recent injuries _____

☐ Long-term injuries/illnesses_____

☐ Surgeries _____

☐ Pain _____

☐ Numbness/loss of sensation _____

☐ Allergies _____

☐ Swelling/Inflammation_____

☐ Other Conditions _____

☐ Cancer. If so please indicate what type, when, and your current condition.

_____

If you are taking any medications or substances (including homeopathic remedies, drugs, prescribed medications, herbs, vitamins, etc.) please list them (and their side effects) here as they may affect the work performed:

_____

MASSAGE & BODYWORK HISTORY

Do you receive massage regularly? ____ If so, what for and what type(s)? _____

_____

If you have any other questions, conditions, concerns or information please write them here:

INFORMED CONSENT

I understand that I will be receiving Structural Integration for the purpose of balancing and aligning the physical body to maintain good health and physical condition. The session(s) may include massage, manual therapy and movement therapy. I understand that the Practitioner may not diagnose or treat injuries or diseases and may not prescribe medications and that Structural Integration should not take the place of medical advice and/or treatment. I understand that either the Practitioner or I can stop the session or alter the treatment plan at any time if either experience discomfort inappropriate for the situation. Discomfort may include (but not be limited to) physical pain, sexually suggestive behavior, personal remarks or requests. I have disclosed all known medical conditions, medications and/or injuries I currently have or had in the past and I will keep the Practitioner updated on any changes.

I expressly assume all risks of participation in the Structural Integration session(s) including, but not limited to, risk of medical complications, injury, or death. I expressly waive, release, discharge, and hold harmless Alex Susbauer Bodywork, LLC., and the Practitioner of any and all liability claims and demands, including attorney fees and costs, as a result of my participation in any activity of any type at Alex Susbauer Bodywork, LLC.

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.

_____ _____

Client Signature Date