

BRIDGETOWN BODYWORK

Aarisa Smith, LMT #15732 ~ 8638A N Lombard St Ste 7. ~ Portland, OR 97203 (760) 613 – 5022

CLIENT HEALTH INFORMATION

Date:

Name		Contact #s	
Address		Email	
City, State		Referred by:	
Zip		Date of Birth	

Emergency Contact	
Relationship	
Phone #	

PLEASE CHECK IF APPLICABLE AND DESCRIBE

Allergies (Skin & Other)		
Injuries		
Surgeries (type & date)		
Auto/Other Accidents (date/description/treatment)		
Heart Conditions, High/Low Blood Pressure		
Cancer (Type/Date/Treatment)		
Varicose Veins		
History of Stroke		
Epilepsy/Seizures		
Skin Conditions		
Current Pregnancy		
Arthritis		
Osteoporosis		
Asthma		
Medications (name & purpose)		
Contagious Conditions		
TMJ		
Diabetes		

PLEASE TURN OVER

What Physical Activities do you engage in?

Other Medical Conditions or anything else you would like me to know? (Please Describe)

How frequently do you receive massage? _____

When was your last massage? _____

Current areas of concern? _____

Any treatment received or remedies attempted for this issue?

Activities which help/make worse?

Physician/Chiropractor/Physical Therapist Information (If Applicable)

_____ I understand that the bodywork practitioner does not diagnose illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform any spinal manipulations, though occasional movements may occur in the course of normal soft tissue work.

_____ I understand that massage therapy and bodywork services offered today and in the future are not substitutes for medical examination, diagnosis, or care and it is recommended that I see a medical practitioner for any physical ailment that I may have. I understand that any information provided by the therapist is for educational purposes only, and is not diagnostically prescriptive in nature.

_____ I certify that I do not have any untreated medical conditions and that the above information is complete and accurate. I agree that it is solely my responsibility to notify the massage therapist of any changes in my health or medical condition.

_____ By signing this release, I hereby waive and release Aarisa Smith and Bridgetown Bodywork from any and all liability, past, present, and future relating to massage therapy and bodywork.

_____ I understand that the massage therapist may end the session for any inappropriate behavior and I will still be financially responsible for the full session, and that if insurance is filed for a session that I am financially responsible should the claim not be paid within 6 months for any reason.

_____ I have read and understand the Privacy Notice.

_____ I understand that if I cancel my session with less than 24 hours notice, that I will be financially responsible for the cost of the full session.

_____ I authorize communication to the unsecured email provided about appointment times and other treatment related information.

_____ I authorize communication by text to the cell-phone number provided about appointment times and other treatment related information.

_____ I authorize voice mail messages to the phone numbers provided regarding appointments and treatment related information.

_____ I authorize release of my records to my other medical providers, and any attorneys or insurance companies involved in any claims for which Bridgetown Bodywork / Aarisa Smith LMT is billing.

_____ I authorize assignment of benefits to Aarisa Smith, LMT/ Bridgetown Bodywork for sessions that may be covered by insurance.

Signature _____ Date _____

Parent/Guardian Signature if Under 18 _____ Phone# _____