

Therapeutic Bodywork – Health Information/Consent Form

Daniel Gerzon, LMT - DC License # MT 0618.

Name _____ Activities / Occupation _____

E-mail address (used for reminders) _____

Phone (Home-Mobile-Work?) _____ Birthday _____ (Optional if preferred)

Have you had a professional bodywork and/or massage therapy session before? Yes ___ No ___

How did you hear about my services? _____

Please check all that apply to your personal health and explain below if applicable:

chronic pain	slipped disk	allergies	seizures	pregnant	arthritis (osteo/rheumatoid)	
stress	sprains/strains	skin condition	depression	pace-maker	high or low blood pressure	
insomnia	tendonitis	cramps/spasms	head injury	heart condition	cancer/tumors	fibromyalgia
fatigue	TMJ/Jaw pain	headaches	neck injury	HIV/AIDS	other....	

Are you currently seeing a Chiropractor / Doctor / Osteopath / Physical - other therapist ? Yes ___ No ___

Are you being treated for any health condition? _____

Please list any injuries or accidents in which you have been involved: _____

Is there any radiating or shooting pain, numbness or swelling? _____

Are you currently taking any medication(s), if so, to treat what condition(s)? Please list: _____

Please state any perceived cause(s): _____

Please describe in brief your level of comfort with being palpated/touched, stretched & receiving therapeutic bodywork: _____

Your preferred level of pressure during soft tissue manipulation/massage:

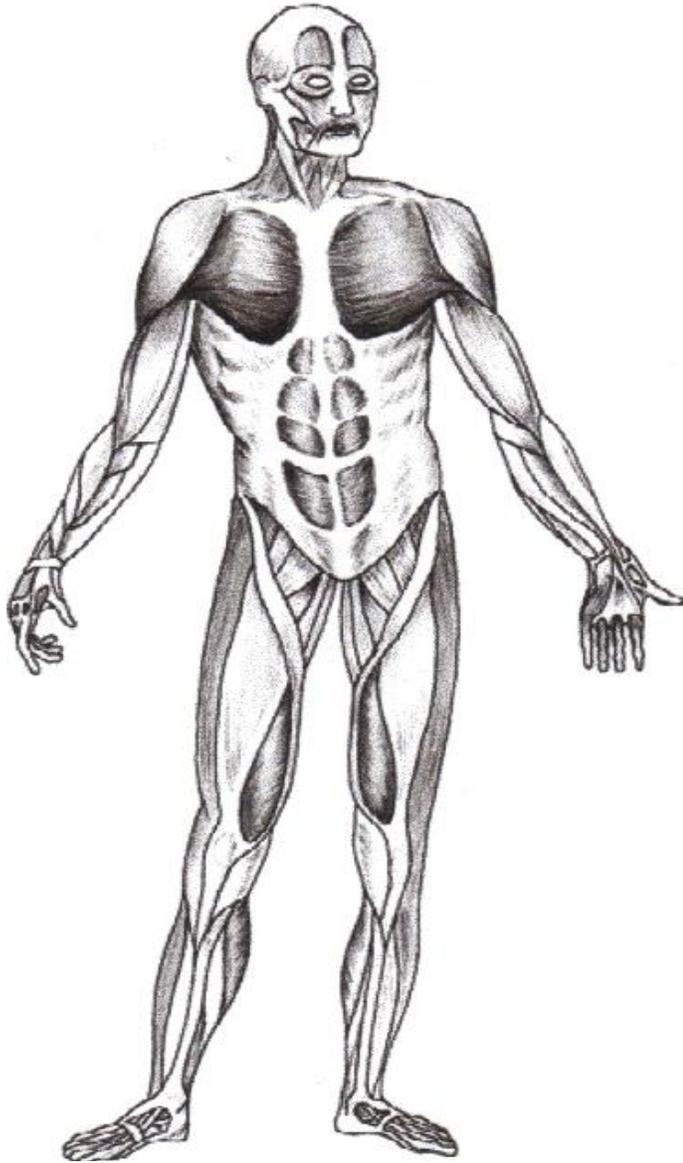
Soft/light touch Medium-Firm Hard/Deep touch

I understand that the services provided consist of therapeutic (non-sexual) bodywork in which my body will be touched and moved in a variety of ways and into possibly unfamiliar positions. If I experience any discomfort or pain during the session, I hereby commit to immediately communicate this to the therapist in order for the treatment to be adjusted []. Therapeutic bodywork & massage professionals do not provide formal diagnoses or medical treatments for which they are not qualified. It is my responsibility to seek medical advice and/or provide a physician's referral note in case required by any condition I may have []. I hereby confirm that I have informed the therapist of all my known physical conditions and will also keep the therapist(s) updated on any changes to my condition. I also understand that there shall be no liability on the therapist's part due to my forgetting to relay any pertinent information and that Daniel Gerzon is a certified, insured and licensed massage therapist and is solely responsible for his therapeutic bodywork services. All information contained in this health intake form is confidential.

Signature: _____

Date: _____

PLEASE CIRCLE OR OTHERWISE INDICATE AREAS YOU PERCEIVE AS BEING IN PAIN, SENSITIVE, TENDER, ETC.



FRONTAL



POSTERIOR

1 - Head – Face/Jaw	9 - Hip/Groin (inguinal/flexor)	1 - Cranium – Occiput	9 - Gluteals (Piriformis)
2 - Neck – SCM	10 - Quadricep – IT-Band	2 - Neck (Cervical Spine)	10 - Hamstrings – IT-Band
3 - Clavicle – Sternum	11 - Knee (Patella)	3 - Trapezius	11 - Knee
4 - Shoulder (Pectorals)	12 - Shins (foot flexors)	4 - Shoulder (Deltoids)	12 - Calve (foot extensors)
5 - Arm/Elbow/Wrist/Hand	13 - Ankle	5 - Arm/elbow/wrist/hand	13 - Ankle – Achilles tendon
6 - Sternum/Chest/Ribs	14 - Foot (upper/dorsal side)	6 - Scapulae/Rhomboids	14 - Foot (lower/plantar side)
7 - Diaphragm (Organs)	Other...>	7 - Thoracic spine (Latissimi)	Other...>
8 - Abdominal (Psoas)		8 - Low back/Lumbar spine	

Feel free to add corresponding numbers or additional text to your body chart. Any pertinent details are helpful. For massage therapy I use draping, uncovering only the area being worked on and at no time will I touch these specific areas of the body: anus, genitals or nipples. My goal for each and every session is to do no harm - I only choose to facilitate the best possible health outcome.