



Last Name: _____ First _____ Date _____

Address _____

State: _____ Zip _____ Phone # _____

Email Address: _____

In **C**ase of an **E**mergency contact # _____ Relationship _____

ICE Phone # _____ Are you presently under care of a medical doctor? Y / N

Age _____ Height _____ Weight _____

Occupation _____ For how long _____

Referred By _____

Present Medications, how much and for what?

Circle activities you are currently participating in:

SWIMMING – Running - Jogging – Weight Training – Pilates – Yoga – Walking

Racquet sports – Gardening – Skiing – Sailing – Exercise classes – Other _____

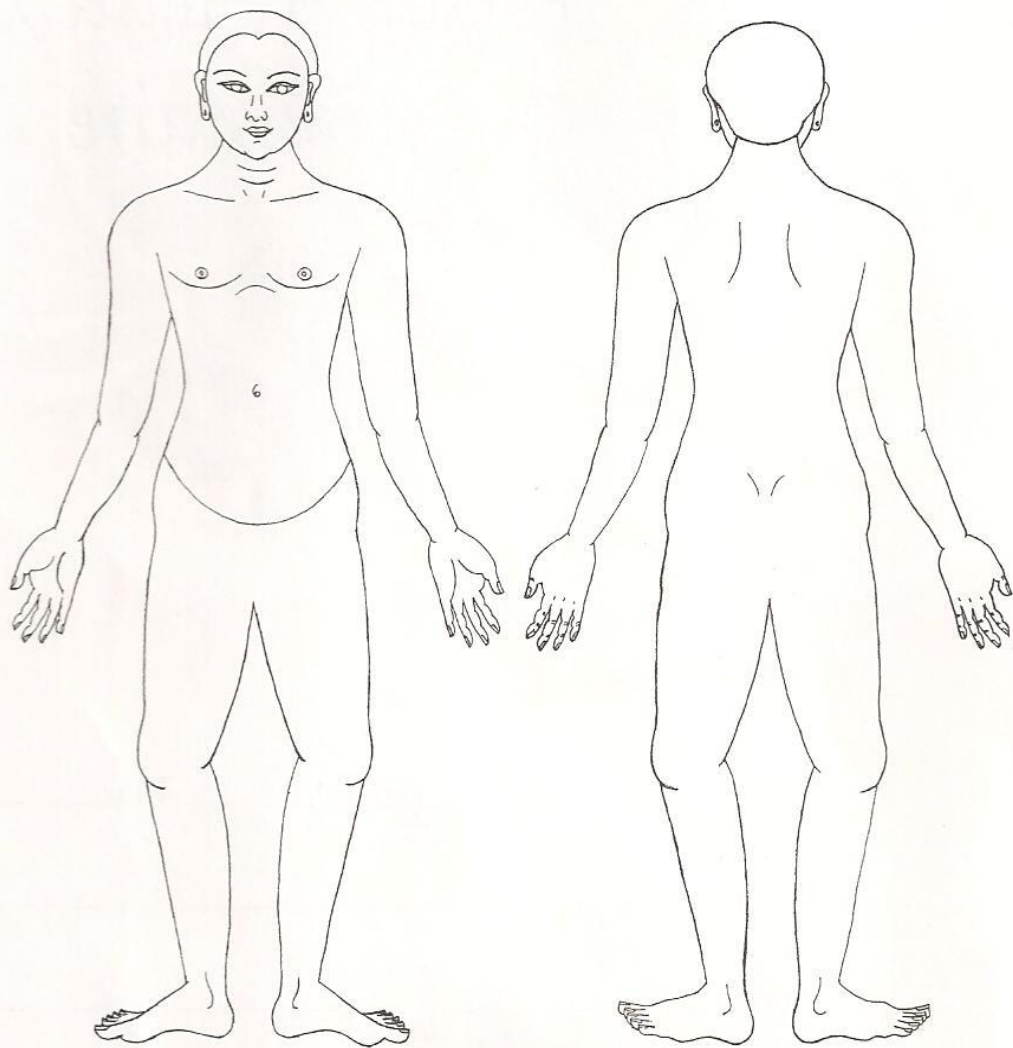
Body Work you have experienced:

Deep Tissue Massage – Trigger Point Massage – Swedish Massage – Chiropractic

Naprapathic – Thai Massage – Acupuncture – Other _____

Please indicate if you suffer from any of the conditions listed below:

- AIDS
- Allergies
- Aortic aneurysm
- Arteriosclerosis
- Cancer
- Cervical spine problems
- Constipation
- Diarrhea
- Fractures
- Heart disease
- Hemophilia
- Hernia
- High blood pressure
- Joint problems
- Menstruation
- Open wounds and cuts
- Osteoporosis
- Phlebitis (DVT)
- Pregnancy
- Previous dislocation
- Rheumatoid arthritis
- Skin disease
- Stroke
- Surgery
- Other _____



Please circle your problem areas on the drawings above,
and indicate your symptoms with these symbols:

Tension - - - - -	Cramping // // // //
Numbness + + + + + + +	Pain >>>>>>

Do you have any restrictions in movement?

Assosoaiter Traumas to the above mentioned restrictions?

Any yoga postures, stretches that you fear may be harmful?

Are you pregnant? _____ Due Date _____

Do you wear contact lenses? _____ Pace maker? Y / N Year? _____

Detail any recent accidents.

Consent for Body Work Services

It is understood that the purpose of Thai Yoga Massage is for relaxation and that it is not meant to diagnose or treat any illness, disease, or any other physical or mental disorder, injury, or condition. I have informed my Thai Yoga Massage practitioner about my state of health and I have transmitted to him/her any recommendations and restrictions on the part of my medical doctor or therapist insofar as Thai Massage is concerned.

Signature _____ Date _____

The client represents that they have revealed all physical conditions which would prevent their performing any exercise and using the equipment and or service of Happy Body Wellness LLC. Accordingly, the client agrees that all exercising and use of any equipment and or services were services are being rendered shall be at their sole risk and the client holds Happy Body Wellness LLC. harmless of the client's demands or causes of action (including the cost of defense thereof) as a result of any personal injury or personal property loss or damage suffered by the client arising out of or connected with use by the client of service location, equipment and/or services and performances of the exercises regardless if such injury, loss or damage was a result of the active or passive negligence of Happy Body Wellness LLC., its directors, employees or Happy Body Wellness LLC. Happy Body Wellness LLC. disclaims any warranty or representation regarding equipment where services are rendered.

Signature _____ Date _____

Email: yourhappybodywellness@gmail.com **Web:** happybodywellness.com **Ph:** 312-493-9766
