

Client Health History

Patient Name: _____

Parent Name: _____ Phone: _____

Full Street Address: _____

Grade in School: _____ Patient Date of Birth: _____

Are you currently seeing a doctor? Y N

What is the diagnosis?

Was massage prescribed for you? Y N

Birth Experience: _____

Do you have any allergies? Y N

Do you currently take any medications? Y N

Do you have any skin conditions? Y N

Please list any previous illnesses, injuries or surgeries:

Muscular (stiffness/soreness) _____

Skeletal (breaks/sprains) _____

Head injury/TMJ/orthodonture _____

Circulatory _____

Respiratory (sinus/tonsils/asthma) _____

Digestive (stomach/intestines) _____

Nervous (cognitive/behavioral/sleep) _____

Reproductive/Urogenital _____

Infectious or inflammatory disease _____

Cancer _____

COVID/MIS-C _____

Explain your treatment and any lasting effects:

What do you do when you play (sports, hobbies, etc)?

How would you describe your diet?

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Have you received bodywork before? Y N

What kinds and how often: _____

What did you like? _____ What didn't you like? _____

What would you like to gain from this session, today and in the future?

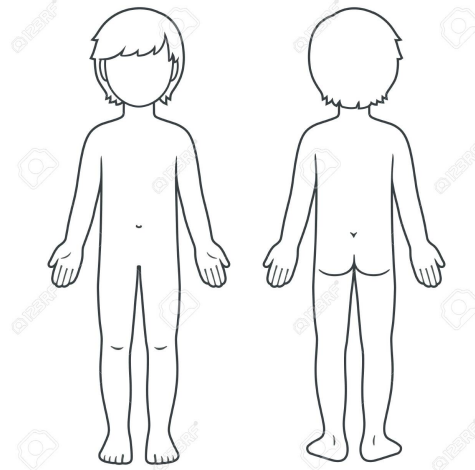
How have you been feeling?

Please mark areas of:

- stress
- pain or tenderness
- numbness or weakness

Where you want special attention

Where you don't want to be touched
(breasts and genitals are never touched)



front

back

I realize that treatment is being given for the well-being of my body and mind. I agree to tell Lauren if I feel uncomfortable at any point. I understand that massage practitioners do not diagnose illness/disorders; nor do they prescribe medical treatment. I acknowledge that massage is not a substitute for medical examination or diagnosis, and it is recommended that I see a primary health care provider for that. I have stated all medical conditions that I am aware of and will update Lauren of changes in my health. I understand these health records are confidential, and authorize Lauren Christman, as my massage practitioner, to contact my health care providers if necessary.

I understand and agree to the billing policies as described on her website: www.craftedtouch.com. Initial sessions last 1 hour; on-going care often requires shorter sessions. Fees are prorated by the quarter hour if sessions end early.

Fees are based on a sliding scale — please circle the appropriate level:

- Up to 39K = \$50/hour
- 40–59K = \$70/hour
- 60-79K = \$90/hour
- 80-99K = \$110/hour
- 100-119K = \$130/hour
- Above 120K = \$150/hour

Patient Signature _____ Date _____

Parent/Custodian Signature _____ Date _____