

CIRCULATION THERAPY

renewed health

Client Intake Form

Name :	Today's Date :	/	/
Contact phone# :	Email :		
Occupation :	Date of birth :	/	/
Have you ever had: <input type="checkbox"/> Osteopathy <input type="checkbox"/> Chiropractic <input type="checkbox"/> Acupuncture <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Massage therapy			

Health History - important information for your treatment!

(1) Have you ever had an operation, of any sort major or minor (including dental work & cesareans)? If so, what?

(2) Do you have any health conditions or concerns that your therapist should know about?

(E.g. Seizures, aneurism, allergies, pregnancy, pace maker, IUD, unresolved physical/emotional trauma, etc.)

(3) Are you currently taking any Medications, Chinese Medicine, or Supplements? If so, what or what for?

Circulation Therapy is a hands-on manual therapy that relies on touching the body to make assessment, and correcting dysfunction with appropriate techniques, wherever the problem may be located. Treatment can be conducted fully clothed, though when possible skin contact is preferable, and at times procedure may possibly require contact with private areas, with the patients informed approval.

The patient is responsible for notifying the therapist of any relevant health conditions, including: recent operations/procedures, internal devices such as pacemakers or IUD's, contagious conditions, physical/emotional trauma, etc.

"With this knowledge, I consent to the procedures used at the discretion of the therapist."

Name (print)

Signature

Parent/Guardian Name (print)

Parent/Guardian Signature