

Helpful Healing Hands

Abby McKenna CMT, HHP

All information is completely confidential

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Referred by _____ Phone _____ Email _____

What would you like to receive from our bodywork session(s)? _____

Where in your body do you store accumulated stress or tension? _____

What is your current occupation? _____

Do you engage in any sports or physical activities? Please explain. _____

Medical Information

Please indicate with a check or an X if you have ever been diagnosed with any of the following (if past, indicate when):

Past	Current		Past	Current	
_____	_____	AIDS	_____	_____	HIV+
_____	_____	Allergies (including nuts)	_____	_____	Mental Illness
_____	_____	Asthma	_____	_____	Multiple Sclerosis
_____	_____	Arthritis	_____	_____	Nerve Damage
_____	_____	Back Pain	_____	_____	Broken Bones
_____	_____	Osteoporosis	_____	_____	Numbness
_____	_____	Bursitis	_____	_____	Pregnancy
_____	_____	Cancer	_____	_____	Seizures/Epilepsy
_____	_____	Carpal Tunnel Syndrome	_____	_____	Skin Condition
_____	_____	Diabetes	_____	_____	Spinal Injury
_____	_____	Emotional Stress	_____	_____	Stroke
_____	_____	Fibromyalgia	_____	_____	Surgeries Date _____
_____	_____	Headaches/Migraines	_____	_____	Tendonitis
_____	_____	Heart Condition	_____	_____	TMJ Syndrome
_____	_____	Hemophilia	_____	_____	Varicose Veins
_____	_____	Hepatitis	_____	_____	Other Injuries
_____	_____	High Blood Pressure	_____	_____	Other: _____

List any treatments or medications you have been receiving to address any current health conditions (traditional or alternative): _____

To the best of my knowledge I have accurately disclosed my past and current health. This information will be kept in confidence and is vital to the appropriateness of the sessions designed by my body therapist. I understand that massage and body therapy are not intended as medical or psychological treatment.

Client Signature _____ Date _____

Welcome to your bodies new beginning, at this massage and bodywork practice my goal is to create a peaceful, neutral environment for your body to feel comfort at its optimum level to begin in ones natural healing process. I ask of you, as my client to please arrive to your session on time, if cancellation is necessary to please notify me 24hrs. in advance and to simply smile and give in to your bodies needs at the table. Thank you for joining me in the growth of my practice and all the wonders that shall emerge.