

Nick Bradshaw

Tustin, CA 92780
www.advancedenergywork.com

CLIENT INTAKE FORM

CLIENT INFORMATION

Name: _____ Date: _____
Address: _____ DOB: _____
Phone: _____ Email: _____
Occupation: _____ Hours Worked: _____

MEDICAL HISTORY

Please check any of the following conditions you have now or have had in the past:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Stroke | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Lymph Node Removal | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Infections | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Digestive Issues |
| <input type="checkbox"/> Currently Pregnant | <input type="checkbox"/> Hyperthyroid | <input type="checkbox"/> Joint Replacement |
| <input type="checkbox"/> Cosmetic Surgery / Implants | <input type="checkbox"/> Autoimmune Conditions | <input type="checkbox"/> Lyme Disease |

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Explain and list any other conditions and symptoms that concern you: _____

Current medications and supplements: _____

Please list any major surgeries or traumatic accidents: _____

How would you rate your current stress level, on a scale from 1-10 (1 being the lowest): _____

What stress management and/or self-care practices do you currently engage in? _____

Do you use tobacco? _____ Do you drink alcohol? _____

If so, how often? _____

Do you exercise? _____ If so, how often? What kind? _____

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INFORMED CONSENT

It is my choice to receive bodywork therapy. I am aware of the benefits and risks of this treatment and give my consent for it. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that bodywork is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. In addition, any intraoral Craniosacral Therapy techniques are being done with my express permission as discussed with my therapist.

I understand that Nick Bradshaw, LMT, and any methods he uses, are not being used for diagnosis or cure of disease.

By signing this release, I hereby waive and release Nick Bradshaw from any and all liability, past, present, and future relating to bodywork received at Solace.

Client Name Printed: _____

Client (Or Guardian) Signature: _____

Date: _____