

samādhī



client health history form

Print clearly and complete both sides of this form. The information disclosed is kept strictly confidential.

Name _____ Date _____

Address _____
Street City State Zip

Home phone _____ Work phone _____

Email _____ This information will not be shared.

Male / Female Date of birth _____ Occupation _____

Emergency Contact _____ Relation _____ Phone _____

Have you ever had a therapeutic massage before? Yes No Many Times

How did you hear of massage at Samadhi? _____

What physical activities do you do on a daily or weekly basis? _____

Please circle any painful or tense areas as well as regions that you tend to hold your stress:

Head/face Low back Shoulders Neck Abdomen
Legs/feet Arms/hands Mid-back Other (please describe) _____

Are you currently under a physician's care? Yes / No For what condition? _____

List medications you take (including pain relievers, other non-prescription drugs, and herbal remedies):

Please circle any of the following health issues that you have had in the past year.

- Allergies: _____
- | | | | |
|------------------------|-----------------|----------------------------|----------------|
| Angina | Fibromyalgia | Irritable Bowel Syndrome | Stroke |
| Asthma | Heart disease | Insomnia | Surgery |
| Blood clot | Hepatitis | Migraines/Headaches | Varicose veins |
| Cancer | Herpes simplex | Phlebitis/Thrombosis | Whiplash |
| Carpal Tunnel Syndrome | Hospitalization | Pregnancy | Other: _____ |
| Communicable diseases | Hypertension | Repetitive Strain Injuries | _____ |
| Disk problems | Sciatica | Immune System Conditions | _____ |

Please indicate if you **currently** have any of the following conditions.

	Symptom	Yes	No	Location: Please describe
1	Any areas of infection?			
2	Any areas of swelling, edema or tendency to swell?			
3	Any areas of numbness or altered sensation?			
4	Any areas of pain or tenderness?			

Please indicate if you have experienced any of the following **within the last year**.

Condition		Yes	No	Please Describe
5	Arthritis			
6	Cancer or Tumors			
7	Cardiovascular Diseases			<i>Please circle all that apply:</i> anemia, angina, arteriosclerosis, congestive heart failure, heart attack, heart murmur, hemophilia, hypertension, varicose or spider veins, other (please describe):
8	Diabetes			
9	Injuries			
10	Kidney, Liver or Urinary problems			
11	Respiratory Conditions			
12	Skin Conditions			<i>Please circle all that apply:</i> acne, abrasions/cuts, birthmarks/moles, bruises, dermatitis, eczema, herpes, hives, poison ivy/oak/sumac, psoriasis, skin tags, sunburns, warts, other (please describe):
13	Surgery			Date of Surgery: Describe:
14	Gastrointestinal Problems			
Other Medical Conditions not mentioned above				

It is your choice to receive massage therapy. You understand that massage therapy is an aid to health and well-being and in no way takes the place of a doctor's care when it is indicated. You agree to communicate with the therapist any time you feel your well-being is being compromised. You understand that massage therapists do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment. You have stated all medical conditions that you are aware of and will update any changes in your health status during the course of treatment.

I hereby waive and release the Massage Therapist and Samadhi from any liability for ailments or injuries resulting from massage therapy due to prior ailments or injuries listed or omitted by me on this Health History Form.

Signature _____ Date _____

Payment and Cancellation Policy

Samadhi requires a valid credit card or credit on account to book appointments. Payment is due at the time of service. Cash, checks, and credit cards (Visa, Master Card & Discover) are accepted and there is a \$25 fee for returned checks. Samadhi does not accept insurance at this time though we are happy to provide documentation for our clients to submit for themselves.

Samadhi's policy requires adequate notice of at least 24 hours for the cancellation of an appointment. **Services cancelled with less than 24 hours notice will incur a full charge for the service, which will be charged to the credit card provided at the time of booking, or to your credit on account, if applicable.**

Samadhi respects the time of all of our clients. In the event you arrive late for an appointment, your session cannot be extended beyond the scheduled time frame. The remaining time left will be utilized for your treatment and the full fee will be charged.

We realize that illness or emergency situations can arise and exceptions to this policy are made at our discretion. We reserve the right to refuse providing treatment if it poses risks to your emotional or physical health, to reschedule your appointment in the event of tardiness, or to end a treatment at any time.

I acknowledge and agree to abide by the payment and cancellation policy as stated above.

Signature_____ Date_____