
Wellborn Bodyworks

Please fill this out as accurately as possible, in order to help the practitioner plan the most effective session for you.

Client History Form

Name _____	Phones: H _____	C _____
Full Address: _____		
Your email: _____		
Referred by: _____, a health professional <input type="checkbox"/> a relative / friend <input type="checkbox"/> advertisement <input type="checkbox"/>		
Date of Birth ____/____/____	Occupation _____	Date completed ____/____/____

Emergency Contact

Contact Person: _____	Relationship: _____	
Phones: H _____	W _____	Cell _____
Primary Doctor: _____	Phone _____	

Please complete all the following.
Any questions left unanswered may result in a delay of your receiving a session.

What are you seeking help with today?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

Please list the therapists, doctors, or other health care professionals you currently see and the reason.

- a. _____ Reason _____
- b. _____ Reason _____
- c. _____ Reason _____
- d. _____ Reason _____

Please list all medications, prescribed and over the counter, you are currently taking and the reasons.

- a. _____ for _____
- b. _____ for _____
- c. _____ for _____
- d. _____ for _____

Please list significant accidents, injuries, operations, or illnesses you have had.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Please turn sheet over and continue.

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Are you aware of having or have you been diagnosed with any of the following:	NO	YES
Frequently suffer from stress		
High or low blood pressure		
Diabetes		
Arthritis / Bursitis / Rheumatism / Joint swelling		
Blood clot disorder		
Cancer or infectious disease		
Migraines or headaches		
Spinal deviations or chronic back / neck pain		
Seizure disorders		
Cardiac / circulatory problems / varicose veins		
Respiratory problems or disorders		
Dizziness or fainting spells		
Neurological disorders		
Osteoporosis or bone disorders		
Skin disorders or easily bruised		
Do you have any allergies? Please list.		
Are you or do you suspect that you might be pregnant?		

Do you have any medical appliances or one of the following:	NO	YES
Glass or contacts		
Hearing aid		
Pacemaker		
Dental Appliances		
Any other medical appliance		

Have you received any counseling or psychiatric treatment as a result of a physical injury, accident or trauma? Please explain. NO _____ YES _____

Is there anything else that you would like to inform the therapist about? NO _____ YES _____

Please go on to next page.

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Client's Statement of Purpose and Responsibility

Barbara Wellborn, my massage / bodywork practitioner has explained to me that the work I am receiving is for the purpose of stress reduction, relief from muscular tension or spasm, for increasing blood circulation and for providing stretching to the soft tissues of the body. If I experience any pain or discomfort during my session, I will immediately inform the practitioner so that the pressure and / or strokes may be adjusted to my level of comfort.

I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage / bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Because massage / bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly and to the best of my ability. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.

I understand that the practitioner will use draping at all times. I understand that the practitioner shall not engage in breast massage of female clients without the written consent of the client. I understand that I may stop the massage at any time I feel uncomfortable with what is being said or done during my session. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and that I will be liable for payment of the scheduled appointment. I further understand that I am responsible for all my belongings and will hold the practitioner harmless for lost items.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____



Consent to treatment of minor: By my signature below, I hereby authorize Barbara Wellborn to administer massage, bodywork, or somatic techniques to my child or dependent, as they deem necessary.

Minor's Name _____

Signature of Parent/Guardian _____ Date _____

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Business Policies

The Fine Print



At this time, office hours are from 9:00 a.m. to 6:00 p.m. Thursdays through Sundays. While I am with a client, incoming telephone calls are received on voice mail. I return these calls during the course of the day between office visits and after hours, if necessary. I will do my best to return a client's call within 24 hours. If for some reason you do not hear back from me, please call again. A good time to reach me directly is at 8:00 a.m.

I ask that clients please be punctual for their appointment and that they arrive ten minutes before their scheduled time to fill out new paperwork and take care of any business that is necessary. If the client is late, they will be charged for the full amount of time set for the appointment.

Since an appointment that is cancelled at short notice is a loss of time that I am unable to offer to someone else, please understand that I shall ask for payment for any change or cancellation less than 24 hours before the appointment. This policy also applies to prepaid packages and gift certificates. In this case, the assigned time for the appointment will be deducted from the total time remaining in the package.

Cash, debit, cheques, and credit cards are accepted as payment for services provided. There will be an additional charge of \$40 for any returned check. Packages and gift certificates are not transferable and cannot be refunded for cash for any unused portions. Packages and gift certificates must be used by the date of expiration.

Thank you for understanding the above policies. I look forward to being a part of your healing journey.



Client Signature _____ Date _____

Parent / Guardian Signature if Minor _____

Practitioner Signature _____ Date _____