


Mouse Bird Studios
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Bellingham, WA 98225



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www.mousebird.xyz
mousebirdstudios@gmail

..... MOUSE BIRD
studios

Name Date Today
Date of Birth Occupation
Phone Number Emergency Contact
Address Emergency Phone
..... How did you hear about  ?
Email

Please take a moment to carefully read the following information. Although massage therapy can be very therapeutic, relaxing, and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment. If you have a specific medical condition or symptoms, bodywork may be contraindicated. Please review this list and mark those that apply.

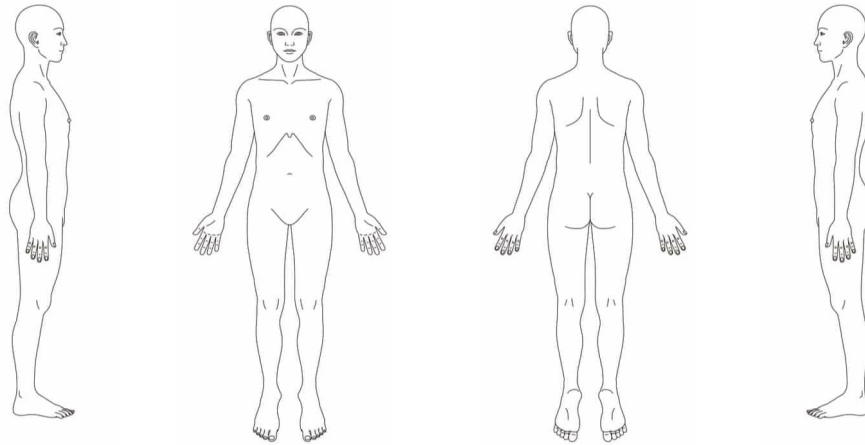
- Y N Have you ever experienced a professional massage or bodywork session? How recently?
- Y N Do you experience frequent headaches? Y N Have you had any surgeries?
- Y N Do you experience jaw tension or pain? Y N Any prior or recent injuries?
- Y N Do you have diabetes? Y N Do you have any skin conditions?
- Y N Are you pregnant? Weeks? Y N Do you have any cardiac conditions?
- Y N Do you have arthritis? Y N Do you have any circulatory conditions?
- Y N Do you have high blood pressure? Y N Do you have any digestive conditions?
- Y N Do you have epilepsy or seizures? Y N Do you have numbness anywhere?
- Y N Do you have varicose veins? Y N Do you have any neurological conditions?
- Y N Do you have swelling of joints? Y N Do you bruise easily?
- Y N Do you have any contagious diseases? Y N Are you sensitive to touch or pressure?
- Y N Do you have osteoporosis? Y N Are you currently taking any medication?
- Y N Do you have allergies? Y N Other medical conditions, concerns?

If you marked "Y" for any of the above questions, please explain as clearly as possible in the space provided below and discuss with Mouse Bird prior to your session.

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..... OVER

Please mark areas of pain, tension, numbness, or concern that you would like addressed:



Current goals for massage or other information you would like Mouse Bird to know:

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CONSENT FOR CARE

It is my choice to receive manual therapy, and I give my consent to receive treatment. I have reported all health conditions that I am aware of and will inform my practitioner of any changes in my health.

I understand that I will be draped in a safe and comfortable manner. The breast and perineal areas will be covered unless verbal and written consent is given and the therapist has additional training and certification. INITIAL

CONFIDENTIALITY

Client's records and sessions will be kept confidential and will not be shared with anyone without the client's written consent. INITIAL

CANCELLATION POLICY

Cancellations require 48 hour notice to ensure that I can re-book the appointment. Unless there is an emergency, a 50% price-of-service fee will be assessed if appointments are cancelled less than 48 hours in advance. INITIAL

SIGNATURE DATE