



SHIATSU CLIENT HEALTH for introductory session

Date: _____ Name: _____ Date of Birth: _____

Phone: __Home_____ Office _____ Mobile _____

Address _____

Email: _____ Referred by: _____

History of problems & surgeries:

Problem	Year	Solved? How?	Today – still treated? Medications?	Impact on today's life (1 to 10)

Mark an X on the right of any of the symptoms or physical problems listed below that you are currently experiencing or have experienced. It is important to be very open and honest with your therapist. All the information in this form and any subject discussed during the session will be kept strictly confidential.

Allergies	Fatigue	Arthritis	
Respiratory/Lungs	Weakness	Osteoporosis	
Skin disorders	Numbness	Osteopenia	
	Poor memory	Other musculoskeletal	
Diabetes	Epilepsy	Sciatic pain	
High/Low blood pressure	Emotional disorders (Depression/ Anxiety/ Bi-Polar/ Other)		
Headaches	Speech difficulties	Hearing	
Cardiovascular/ Heart	Dizziness	Vision	
	Insomnia	Contact lenses	
Hormonal imbalance	Stress		
Indigestion	Frequent colds	Cancer	
Flatulence	Other immune system problems		
Ulcer	AIDS	Addictions	
Collitis/ IBS/ Crohn's	Other problem(s):		
Reflux			



If you have ever seen a natural healthcare professional before, what type, when, and for what reason? _____

Emergency Contact (Name, Phone number): _____

DISCLAIMER

I understand that the Shiatsu session is provided for the basic purpose of relaxation, energy balancing and relief of muscular tension.

Zen Shiatsu is NOT supposed to be painful. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure may be adjusted to my individual level of comfort. I further understand that Shiatsu should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician for any medical or physical ailment of which I am aware. I understand that Shiatsu therapists are not qualified to diagnose, prescribe or treat physical or mental illnesses and that nothing said in the course of the session given should be considered as such. To avoid confusing usage of medical language, the term used for the receiver of a Shiatsu session will be "client" instead of "patient".

I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

Client Signature

Date

We are reserving the time of your appointment solely for you. Please keep your appointment or let us know at least 24 hours in advance if you need to reschedule.

Thank you,

Angie Shapira - Natural Choice For You™