

Shiatsu for Health, LLC: Client Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (___) _____ Work: (___) _____ Cell: (___) _____

Email address: _____

Current Conditions for which I am receiving treatment: _____

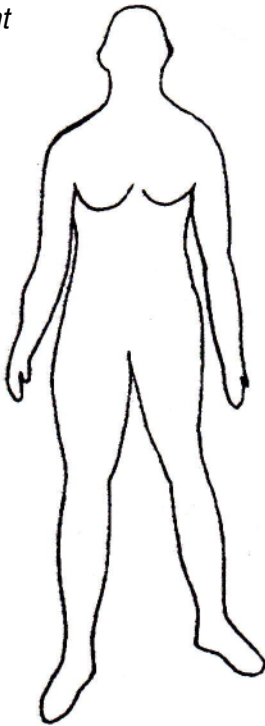
Beginning Dates of Current Condition: _____

Current Health Condition: _____

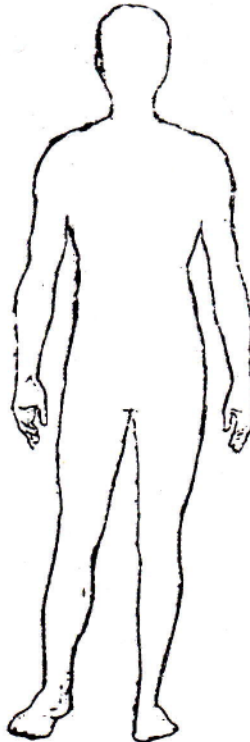
Circle any areas of aches or pain:

Referred by: _____

Front



Back



For Females: Any menstrual issues, pregnancy or concerns: _____

Prior experiences with Shiatsu & other Massage, Acupuncture, Chiropractics: _____

Any chronic conditions with dates of initial problems: _____

Any surgeries, accidents, and trauma with dates of incidents: _____

I will notify the therapist of any discomfort, pain or change in condition prior to starting each Shiatsu therapy session. I am solely responsible for my body

Signature: _____ Date: _____