NEW CLIENT INFORMATION

Alchemy Healing Arts Center
accessing the body's wisdom with hands-on therapies

Date_____

Therapist/Practitioner _____

Name_____ Preferred Nickname? _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____ Birth Date _____

Family – Spouse/Partner, Kids, Creatures?_____

Preferred Pronouns: she/her/hers he/him/his they/them/theirs other:_____

Email Address _____ May we add you to our mailing list? _____

Best Phone to Contact _____C-W-H? Alternative Contact # _____

Emergency Contact – Name_____ Phone#_____

How did you learn about us? _____ May we thank them for their referral?_____

Have you received Professional Massage Therapy or Bodywork before? _____

What Kinds? _____ How often? _____

Please check off any of the following conditions or symptoms which apply to you now or in the past:

____ High Blood Pressure	____ Osteoporosis	____ Pelvic injury
____ Contact Lens	____ Skin Infections	____ Hearing difficulties
____ Low Back Pain	____ Hypo or Hyperglycemia	____ Seizures
____ Allergy to Nut Oils	____ Contagious Conditions	____ Depression
____ Other Allergies	____ Muscle Sprain / Strain	____ Constipation/Irregularity
____ Diabetes	____ Heart Attack / Stroke	____ Hormonal Changes
____ Pregnant	____ Arthritis	____ Cancer
____ Blood Clots	____ Headaches or Migraines	____ Lymph Nodes Removed
____ Low Blood Pressure	____ TMJ Disorder	____ Radiation Therapy
____ Varicose Veins	____ Head injury	____ Lymphedema

Details for Above:_____

_____

Please list and explain other conditions/symptoms you are or have experienced: _____

Have you had any serious or chronic illness, surgeries, or traumatic accidents? _____

If yes, please give dates and details:_____

_____

Pre-Natal Only: Due date_____ Current trimester _____

Are you currently, or have you at any time within the last 12 months been under the care of a physician? If so, for what condition? _____

Are you on any medication? Yes/No If yes, which ones, and what condition are they prescribed for?

_____

_____

If appropriate, *and with your knowledge in advance*, may we have permission to contact your Doctor / Therapist? _____

Doctor / Therapist Name: _____Telephone _____

What forms of movement or activity do you enjoy regularly and how often?

_____

Do you drink caffeinated beverages? _____ Do you consume alcohol? _____

Do you smoke cigarettes? _____ How much water do you drink daily? _____

What are you passionate about? _____

What else would you like us to know about you to best provide for you during your session? _____

_____

What goals do you have for this and continuing sessions?_____

I have completed this health form to the best of my knowledge. I understand that Massage Therapy, CranioSacral Therapy®, Lymph Drainage Therapy® and other forms of hands on bodywork services are a therapeutic health aid. They do not take the place of a physician's care when indicated. I agree to release Alchemy Healing Arts Center, LLC, as well as the Therapist or Practitioner, from any liability from this and any future sessions.

Any information exchanged during a session is confidential and is only used to provide you with the best health care services. If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have a true emergency. In this case, I will call ASAP to reschedule my appointment. I understand that if I miss a scheduled appointment without giving 24 hour notice, I agree to pay the full appointment fee.

Signature _____ Date _____

If a minor, signature of Parent/Guardian is required:

Signature _____ Date _____

Parent's Name _____

At Alchemy Healing Arts Center we want you to know that we welcome everyone into our practice. We do our best to remain conscious and compassionate and work to help everyone to feel safe ad comfortable. To that end, let us state that we welcome people of all races, color, sex, sexual orientation, gender identity, transition status, religion, ability, age, genetic information, veteran status, ancestry, or national or ethnic origin. We also and emphatically welcome people of all sizes and shapes, demonstrating Alchemy's commitment to build a more supportive community for people of size.