



Mandala Integrative Medicine Clinic
(303) 444-2357 www.bouldermandala.com

Confidential Client Information and Health History

Name: _____ Date: _____
Address: _____ Phone: _____
_____ Email: _____
Occupation: _____ Birthday: _____
Referred by: _____
Experience with massage and bodywork: _____

What do you hope to experience in today's session? _____

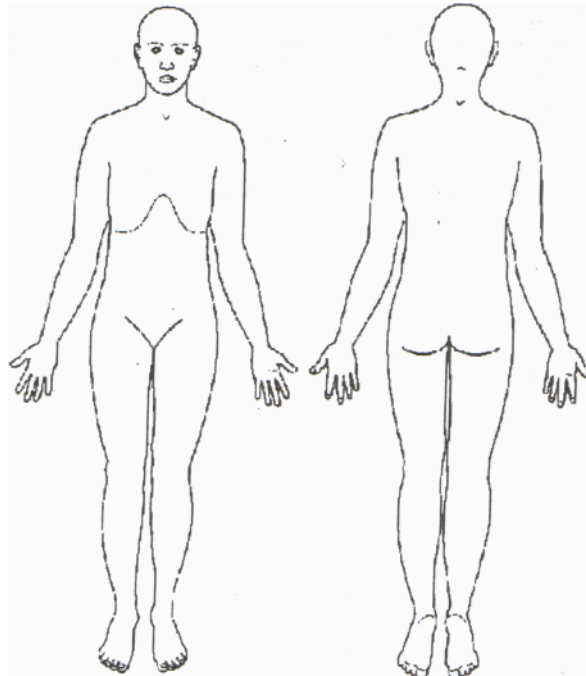
Physical Activities: _____

Emotional Well-Being: _____

Please describe any injuries, surgeries, or hospitalizations you have had in the past:

Please describe any acute or chronic pain, how you manage it, and what activities cause or make it worse: _____

Please indicate areas of concern on the drawing below:





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Please check the following conditions that you are currently experiencing as well as those that have significantly affected you in the past:

GENERAL

- Allergies
- Anxiety/Panic Attacks
- Asthma
- Bruises
- Cancer
- Cold/Flu
- Contagious Disease
- Digestive Discomfort
- Edema (swelling)
- Emotional Abuse
- Fatigue
- Fever
- HIV/AIDS
- Inflammation
- Insomnia
- Neurological Dysfunctions
- Numbness/Tingling
- Physical Abuse
- PMS
- Pregnancy
- Respiratory Dysfunctions
- Skin Disease
- Spinal Cord Injury
- Stress
- Substance Abuse
- Surgery
- Other: _____

MUSCULOSKELETAL

- Headaches
- TMJ Dysfunction
- Torticollis
- Whiplash Syndrome
- Neck/Shoulder Pain
- Shoulder/Chest Pain
- Arm/Hand Pain
- Carpel Tunnel Syndrome
- Thoracic Outlet Syndrome
- Postural/Spinal Deviations
- Back Pain
- Abdominal Pain
- Hip Pain
- Sciatica
- Leg Pain
- Foot Pain
- Plantar Fasciitis
- Fractures
- Sprains/Strains
- Spasms/Cramping
- Tendonitis
- Osteoporosis
- Osteo-/Rheumatoid Arthritis
- Bursitis
- Fibromyalgia

CIRCULATORY

- Anemia
- Blood Clots
- Diabetes
- Heart Condition
- Hemophilia
- Hypertension
- Low Blood Pressure
- Raynaud's Disease
- Varicose Veins

Details for any of the above conditions/other information you want your therapist to know:

CONSENT FOR CARE

The above information is accurate and true to the best of my knowledge. I understand that massage and bodywork therapists do not diagnose disease, prescribe medications, or manipulate bones. I further understand that massage and bodywork therapies are not substitutes for the diagnosis or treatment of medical conditions. I have stated all of my known medical conditions, and I take full responsibility for informing my practitioner of any changes in the status of my physical or emotional health.

Signature: _____ Date: _____