



### Confidential Client Information Form

name \_\_\_\_\_ date \_\_\_\_\_

home tel: \_\_\_\_\_ work tel: \_\_\_\_\_ e-mail: \_\_\_\_\_

address: \_\_\_\_\_

date of birth: \_\_\_\_\_ profession: \_\_\_\_\_ referred by: \_\_\_\_\_

emergency contact info: \_\_\_\_\_

are you currently taking medication? \_\_\_\_\_

describe any special medical conditions: \_\_\_\_\_

indicate if any conditions apply: \_\_\_\_\_ surgeries \_\_\_\_\_ spinal / disc problems \_\_\_\_\_ heart problems \_\_\_\_\_ high blood pressure

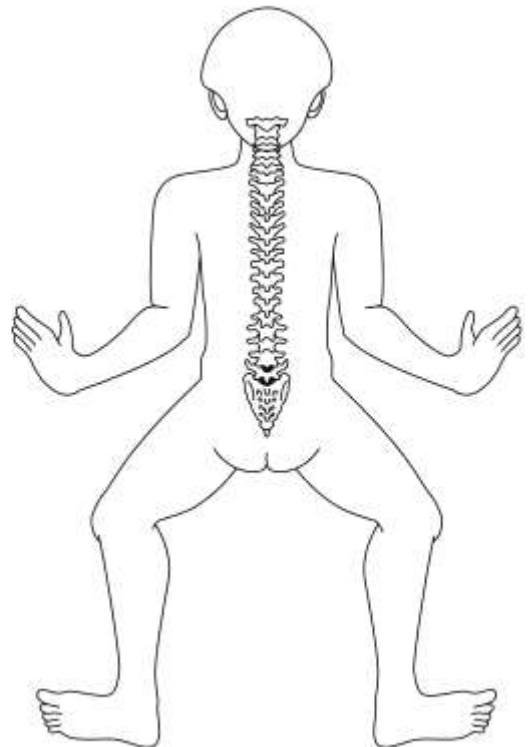
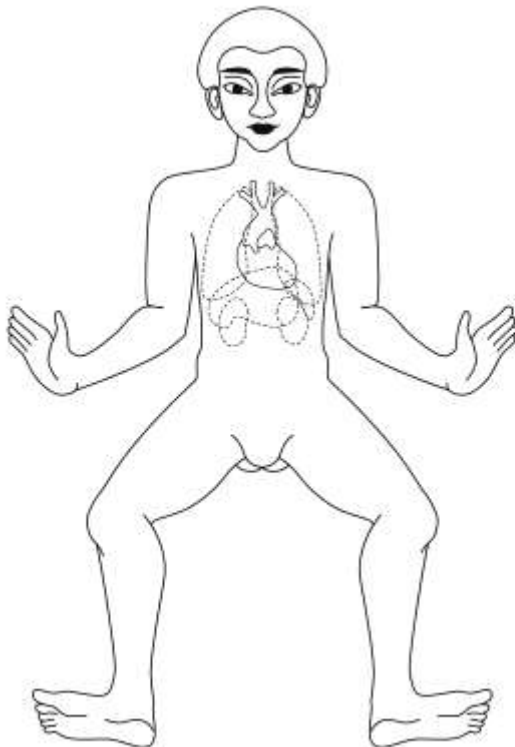
\_\_\_\_\_ osteoporosis \_\_\_\_\_ hernia \_\_\_\_\_ fractures \_\_\_\_\_ arthritis \_\_\_\_\_ wear contact lenses \_\_\_\_\_ pregnancy

\_\_\_\_\_ back pain \_\_\_\_\_ neck pain \_\_\_\_\_ broken bones / fractures \_\_\_\_\_ constipation \_\_\_\_\_ diarrhea \_\_\_\_\_ other

describe more fully any of the above conditions:

On the diagrams to the right, circle any problem areas, and indicate as follows:

tension "T"  
pain "P"  
surgeries "S"



Do you have any restrictions in movement? \_\_\_\_\_

Are there any movements or stretches you think may be harmful? \_\_\_\_\_

Do you generally like to hear music during a session? \_\_\_\_\_

Is it OK to use lightly scented lotion or balm on your face? \_\_\_\_\_

Do you have any other comments or requests? \_\_\_\_\_

Client consent and agreement — Please read and sign below

- It is agreed and understood that Thai therapy is intended for relaxation, and that it is not meant to diagnose, treat or remedy any illness, disease, injury, physical condition or mental disorder.
- Except in cases of emergency, I agree to pay for all sessions which are not cancelled at least 24 hours in advance.
- Traditional Thai bodywork is strictly non-sexual. Under extenuating circumstances, either party reserves the right to immediately terminate the session.
- The practitioner is a Registered Thai Therapist (RTT) in the Thai Healing Alliance, however the practice of all forms of body therapy are subject to local laws and ordinances.

signature \_\_\_\_\_

date \_\_\_\_\_

\*\*\*\*\* please do not write below this line \*\*\*\*\*

Practitioner's notes:

<b>date (d-m-y)</b>		<b>total session time</b>	
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First session notes

<b>date (d-m-y)</b>		<b>total session time</b>	
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Second session notes

Attach blank pages for additional therapy session notes for this client

