

Client Update Form



Personal Information

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Best Contact Phone _____

Emergency Contact _____

Emergency Contact Phone _____

☐ YES - I am aware of the Broken Appointment Policy
and I have already signed the form.

Body Health & History (Please check YES, if it applies.)

☐ YES - I am taking blood thinners.

☐ YES - I am currently taking pain medications/muscle relaxers.

☐ YES - I am currently using Marijuana/CBD/THC.

☐ YES - I have had surgery since my last visit

☐ YES - I have new hardware in my body since my last visit

☐ YES - I have had or I am currently receiving oncology treatments.

☐ YES - I am currently _____ weeks pregnant.

☐ YES - I have allergies to oils, lotions or ointments: _____

☐ YES - I would like to discuss additional concerns with my therapist.