## Client Medical Condition and History

*This information is important to adjust techniques and avoid any contraindications. Medical information is never shared.*

Please indicate any medical conditions you have had or currently have and provide any relevant information

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| --- | --- | --- |
|  | Check if yes | Please provide details |
| ***Bones, joints, or connective tissue*** | | |
| Any bone/joint wear or erosion (e.g. osteoarthritis, osteoporosis, osteophenia) |  |  |
| Any joint or ligament laxity issue (hypermobility, EDS, Marfans, etc) |  |  |
| Spinal issues (compression, stenosis, etc) |  |  |
| Broken bones |  |  |
| History of frequent sprains/dislocations |  |  |
| Other |  |  |
| ***Heart or circulatory issues*** | | |
| Heart conditions, past heart attack or surgery |  |  |
| High/low blood pressure |  |  |
| History of blood clots/embolism/aneurysm |  |  |
| Other |  |  |
| ***Other conditions*** | | |
| Any respiratory issues (history of asthma, shortness of breath, lung issues, etc) |  |  |
| Urinary or bowel issues |  |  |
| Any GI issues |  |  |
| Any menstrual/pelvic/ovarian issues |  |  |
| Any nervous system conditions |  |  |
| Any autoimmune/inflammatory conditions |  |  |
| Pain/sensitivity conditions (chronic pain, fibromyalgia) |  |  |
| Past or current cancer |  |  |
| History of shingles |  |  |
| Numbness/tingling |  |  |
| Dizziness or fainting |  |  |
| Skin issues (e.g. rashes, eczema, other) |  |  |
| Severe, potentially life-threatening allergies/sensitivities |  |  |
| Any mental health issues |  |  |
| Any other medical conditions |  |  |

Medical treatments and procedures

|  |  |  |
| --- | --- | --- |
| Have you ever had surgery? Where & when? |  |  |
| Have you ever received radiation therapy? Where & when |  |  |
| Do you have any implants or other “hardware” in your body? (e.g., stents, mesh, screws/plates, insertable birth control, IUD, ports or devices, etc? |  |  |
| Are you on any medications that might influence your response to bodywork today? |  |  |
| Have you received steroid treatment in the last 12 months? |  |  |