



Jamie Gates Wellness

25 Bigelow Hill Road
Troy, NH 03465
603.801.1700

How did you hear about Jamie Gates Wellness?

- | | | |
|---|---|--|
| <input type="checkbox"/> Gift Certificate | | |
| <input type="checkbox"/> Referred By: _____ | <input type="checkbox"/> Fitzwilliam Newsletter | <input type="checkbox"/> Monadnock Shopper |
| <input type="checkbox"/> Online or Facebook | <input type="checkbox"/> Troy Town News | <input type="checkbox"/> Other: |

Name: _____

Date of Birth: _____

Number that you can be reached at: _____

Email Address: _____

Address: _____

Occupation: _____

Reason for Massage / Bodywork, Ear Coning, or Nutrition Services:

Have you previously had a massage/bodywork, ear coning or nutrition services?

If Yes, Frequency: _____

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Holistic Intake and Release Form

Lifestyle Intake

1. Do you tend to be high stressed? YES NO
2. Do you sleep well at night? YES NO
3. Are you taking any supplements: _____
4. How many cups of coffee do you consume on a typical day? _____
5. Over the course of a week, how many alcoholic beverages do you consume? _____
6. How many days per week are you physically active for longer than 30 minutes? _____

Medical Questionnaire

Please review the following list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

- | | |
|---|---|
| <input type="checkbox"/> arthritis | <input type="checkbox"/> depression, anxiety, other psych condition |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> diverticulitis |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> headaches |
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> heart conditions |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> back problems |
| <input type="checkbox"/> cancer | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> constipation/ diarrhea | <input type="checkbox"/> muscle strain/sprain |
| <input type="checkbox"/> auto-immune condition * | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> hepatitis (A, B, C, other) | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> skin conditions | <input type="checkbox"/> seizures |
| <input type="checkbox"/> stroke | <input type="checkbox"/> whiplash |
| <input type="checkbox"/> surgery (including mouth) | <input type="checkbox"/> chemical dependency (alcohol, drugs) |
| <input type="checkbox"/> TMJ disorder | |

(*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is anything else to share, please do so:

Do you have any of the following today:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> skin rash | <input type="checkbox"/> severe pain |
| <input type="checkbox"/> cold/flu | <input type="checkbox"/> anything contagious |
| <input type="checkbox"/> open cuts | <input type="checkbox"/> injuries/bruises |

Are you wearing contacts? YES NO

Are you wearing a hearing aid? YES NO

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Client Release Form

You must agree to the following statements;

I understand that the massage/bodywork that I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this, or any, session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware.

I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of a session given should be construed as such.

Due to the fact that massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and answered all questions honestly.

I agree to keep Jamie Gates Wellness updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for the payment of the appointment.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____