

Confidential Information

Welcome. We want to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your visit, please let us know.

NAME: _____ PHONE (MOBILE): _____

ADDRESS: _____ PHONE (HOME): _____

CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ M _____ F _____

OCCUPATION: _____ REFERRED BY: _____

email

Emergency Contact Person _____ Phone # _____

General Health _____

List Any serious or chronic illness, operations, chronic virus infections, or traumatic accidents you have had _____

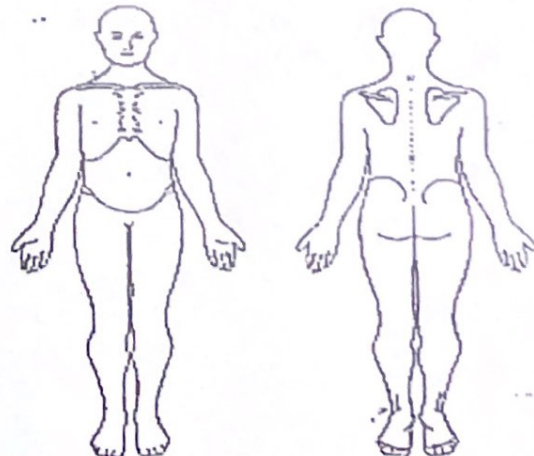
DO YOU HAVE A HISTORY OF THE FOLLOWING:

Accident	Arthritis, bursitis, or gout
Neck Pain	Allergies to oil or perfumes
Whiplash	Surgery
Headaches	Fibromyalgia
Disk Problems	Breast Augmentation
Mid Back Pain	Varicose Veins
Low Back Pain	Diabetes
Joint Aches	Cancer
Decreased range of motion	Wear contacts or other prosthesis
Broken bones	High blood pressure
Sprains	Stroke
Seizures	Heart Attack
Abdominal pain	Colitis
Nervous tension	HIV

Please indicate if your consumption is:

	None	Light	Moderate	Heavy
Salt				
Sugar				
Caffeine				
Tobacco				
Alcohol				
Exercise				
Water				

PLEASE INDICATE WITH AN (X), THE PLACES YOU ARE FEELING DISCOMFORT:



DO YOU HAVE A HISTORY OF THE FOLLOWING TODAY:

Sunburn	Open cuts, bruises, burns
Inflammation	Irritated skin, rash
Severe pain	Poison Ivy
Headache	Cold/flu

PLEASE READ THE FOLLOWING AND SIGN BELOW:

- I understand this massage is not a replacement for medical care and that no diagnosis will be made.
- I am responsible for paying for any appointment cancellation of less than 24 hours.

DATE: _____ SIGNATURE: _____

Free Rein

HEALING

* Confidential Information *

Name _____

DOB _____

Address _____

City _____ Zip Code _____

Phone _____

Myofascial release is whole body hands on approach to pain relief and improved performance. Our therapeutic treatment goal is tailored to each individual, human or horse, to enhance your ability in order to return to a pain free and active lifestyle. Myofascial release is a non-injurious modality that utilizes low load sustained holds in specific areas to achieve desired outcomes. Myofascial release is not a replacement for medical care.

I, the undersigned, being aware of my own health and physical condition agree to disclose any physical limitations, disabilities, ailments, or impairments in order to voluntarily participate in a myofascial release program. Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors of Free Rein Healing from liability for accidental injury or illness which may incur as a result of participating in this activity.

Signature _____

Date _____

Signature of legal guardian if under 18 years old _____