HEALTH INFORMATION FORM

Name: _____ Phone: _____

Address: _____ Birthday (d/m/y): _____

City: _____ Prov: _____ Postal: _____ Email: _____

Occupation: _____ Email newsletter? ☐ Yes ☐ No

Emergency Contact: _____ Phone: _____

How did you hear about Om Shiatsu? _____

The information on this form is strictly CONFIDENTIAL for the purpose of meeting your individual needs. No other party may access this information.

Circle the following which you have now, or have had, a history of:

GENERAL CONDITIONS/DIS-EASE:

Lungs	Kidneys	Stomach	Liver	Gallbladder	Spleen
Bladder/Urinary	Thyroid	Endocrine	Cancer	Stroke	AIDS/HIV
Intestinal	Allergies	Diabetes	Epilepsy	Arthritis	Headaches
Sleep disorders	Hernia	Heart	Circulation	High blood pressure	

Sensitivity to aromatherapy? If so, describe: _____

Surgeries/Accidents: _____

Current areas of tension or pain: _____

_____

For women:

Pregnancy due date: _____	Miscarriage	PMS	Irregular periods
Hot flashes	Irritability	Mood swings	Number of kids: _____

IMPAIRMENTS:

Hearing	Vision	Tactile	Walking
Back problems	Knee problems	Shoulder problems	Strains or sprains

EMOTIONAL ISSUES, professional help sought for:

Depression Abuse Other: _____

ADDICTIONS: Food Alcohol Drugs: _____

MEDICATIONS: I am currently taking the following medications: _____

Is there anything else I should know about you or your health? _____

Signature: _____ Date:_____

The above information is correct to the best of my knowledge.

AGREEMENT TO RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am receiving Shiatsu &/or Reiki &/or Chakra Balancing sessions ("Services") offered by Carly Penfold during which I will receive information and instruction about exercise and health. I recognize that all physical exertion can be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my receiving "Services" from Carly. I represent and warrant that I am physically fit and I have no medical conditions which would prevent full participation in "Services".

3. In consideration of being permitted to receive "Services", I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the sessions.

4. In further consideration of being permitted to receive "Services", I knowingly, voluntarily and expressly waive any claim I may have against Carly Penfold for injury or death caused by negligence or other acts.

5. I, my heirs or legal representatives' forever release, waive, discharge and covenant not to sue Carly Penfold for any injury or death caused by negligence or other acts.

I have read the above releases and waiver of liability and fully understand its content. I voluntarily agree to the terms and conditions stated above.

_____ _____

Signature of applicant Date

<u>If participant is under 18:</u>

As legal guardian of _____, I consent to the above terms and conditions.

_____ _____

Signature of parent/guardian of participant Date