

STONINGTON NATURAL HEALTH CENTER

acupuncture • herbal medicine • bodywork

Welcome

Welcome to Stonington Natural Health Center. We are so glad you made it here. Soon you will experience a wonderful, relaxing treatment. We provide *Custom Holistic Healthcare for the Whole Family in a Tranquil Waterfront Setting* with the SNHC Customized Massage which is a combination of Swedish and Deep Tissue Massage to your desired level of pressure, Deep Tissue Massage, Pregnancy Massage, Reconnective Healing, Reflexology, Reiki, Acupuncture & Oriental Medicine, and Herbal Consultations.

Our treatments help you to feel better, breathe deeper, rejuvenate, and let go of your worries. Your body, mind, and spirit will thank you. This is your time to relax and heal, initiate and speed up your healing process, so that you can live a longer, healthier, and happier life.

Please let your Licensed Massage Therapist know which areas you would like to focus on. Feedback and communication are important when establishing a relationship with your massage therapist so that she can know what pressure you like and what areas you would like to focus on. This treatment is for you, and the massage therapists appreciate feedback.

For injuries or health complaints, you will receive the most benefit by creating momentum. This is done by grouping treatments close together and coming in for treatments before the effects of the previous treatment disappear. Your practitioner may give you a treatment protocol. Like working out, multiple times in one week can be helpful for a lasting effect for pain relief, stress, anxiety or depression. Once you are feeling better, we slowly space the treatments apart so that the positive effects to hold. Our goal is to shift the pattern of your energy quickly and easily, so that you will have long lasting effects. We focus on bringing you up to your highest healing potential. Once you are at your highest healing potential, regular tune-ups, which can range from once a week to once a month, are important in maintaining good health.

If you have any questions, concerns, or feedback, please talk with us or email us at info@snhc.com.

We appreciate this opportunity to contribute to you on your path towards optimal health and happiness.

ALL OF US AT STONINGTON NATURAL HEALTH CENTER

The doctor of the future will give no medicine, but will interest her or his patients in the care of the human frame, in a proper diet, and in the cause and prevention of disease.

THOMAS EDISON

All life is an experiment.
The more experiments you make the better.

RALPH WALDO EMERSON

Enjoy the journey.

DEEPAK CHOPRA

Client Intake Form

Please be aware that massage therapists abide by a code of ethics that ensures and protects client confidentiality; no information about a client is shared or disclosed unless the client gives informed consent.

Name _____ Today's date _____

Email address (for specials & events) _____

Address _____

Please circle which phone number you prefer to be contacted at:

Home _____ Work _____ Cell _____ Prefer Texting? Y N

Employed By _____ Occupation/Profession _____

Date of birth _____ Age _____ Referred By _____

Emergency Contact _____ Phone # _____ Relationship _____

Significant other or Spouse's Named _____

Ages of Children & Names _____

Have you had a massage before? _____ When? _____

Reason for today's visit: _____

Any areas you would like me to avoid? (i.e. ticklish areas) _____

Do you wear contact lenses and or hearing aid? _____

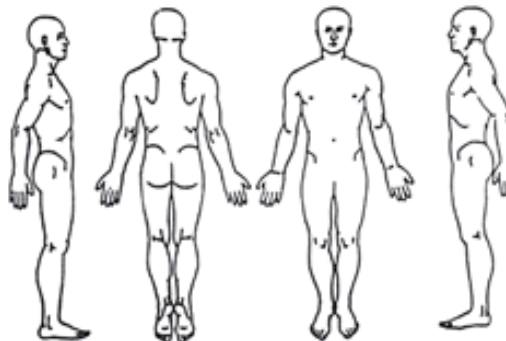
of glasses of water per day _____ Hours of sleep? _____ Are your bowels regular? _____

Do you have reason to believe you may be pregnant? Y N Due date _____

Do you belong to a fitness facility? Y N

List any recent injuries, surgeries, accidents or medical treatments? _____

Pain and discomfort can be traced back to many different origins. Please describe your complaint below, and mark the affected area(s) on the figure shown here:



Please list any allergies you may have:

Are you presently taking medication or supplements? Y / N If yes, please include:

Please Check any of the following conditions:

Musculoskeletal

- Fibromyalgia
- Spasms/Cramps
- Sprains/Strains
- Osteoporosis
- Postural Deviations
- Gout
- Osteoarthritis/Rheumatoid

Arthritis

- TMJ
- Cysts
- Bursitis
- Plantar Fasciitis
- Tendonitis
- Whiplash Syndrome
- Carpal Tunnel
- Headache
- Leg Pain
- Arm/Shoulder Pain
- Lower Back Pain
- Mid Back Pain
- Hip Pain
- Other _____

Respiratory

- Pneumonia
- Sinusitis
- Asthma
- Trouble Breathing
- Dizziness

Circulatory

- Anemia
- Hemophilia
- Hypertension
- Low blood pressure
- Raynaud's Disease
- Varicose Veins
- Heart Condition
- Blood Clots/Phlebitis
- Diabetes
- Edema
- Other _____

Digestive

- Ulcers
- Irritable Bowel Syndrome
- Colitis
- Hepatitis
- Gallstones
- Chron's Disease
- Diarrhea
- Gas/Bloating
- Indigestion
- Other _____

Skin

- Fungal Infections
- Acne
- Impetigo
- Dermatitis/Eczema
- Psoriasis
- Open Wounds or Sore
- Rashes
- Warts/Moles
- Athletes Foot
- Other _____

Nervous System

- ALS
- Multiple Sclerosis
- Parkinson' Disease
- Bell's Palsy
- Spinal Cord Injury
- Seizure Disorders
- Numbness/Tingling/Twitching
- Other _____

Other

- Insomnia
- Anxiety/Panic Attacks
- Grief Process
- Cancer
- Substance Abuse
- Chronic Fatigue
- HIV/AIDs
- Lupus
- Kidney disease
- Bladder Infection
- Other _____

Are you currently under a doctor's care? ____ Doctor's Name and number _____

The above information is accurate to the best of the knowledge. I understand that massage therapists are neither trained nor licensed to provide medical treatment, diagnose, prescribe medications, perform spinal or joint manipulation, nor any other service for which a license to practice medicine, chiropractic, naturopathy, physical therapy or podiatry is required by law. I understand that massage therapy is not a substitute for medical attention or examination. I assume full responsibility for alerting the practioner to any changes to my health. I am responsible for payment for services rendered. I consent to receiving Massage, Reiki, Facials, and any other health service of Stonington Natural Health Center.

Client Signature _____ Date _____