



Client Information

Today's Date: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Occupation: _____ Employer: _____

Whom may we thank for referring you? _____

Would you like to receive occasional emails from us? <input type="checkbox"/> Yes <input type="checkbox"/> No

Health History

*Please carefully complete the following information and sign where indicated.
For the conditions you check, please explain as clearly as possible in the space provided.*

Open cuts/sores/skin diseases _____

Bruises/easy bruising/varicose veins _____

Circulation problems/high or low blood pressure _____

Heart Disease/high cholesterol _____

- Arthritis/inflammation _____
- Osteoporosis/broken bones _____
- Fibromyalgia/fatigue/weakness _____
- Infection/contagious disease _____
- Hormonal imbalance/irregular menstruation _____
- Irritable bowels/peptic ulcer _____
- Chronic indigestion/chronic constipation _____
- Spinal injury/conditions _____
- Surgeries/traumas/hospitalizations _____
- Cancer _____
- Diabetes I/II _____
- Frequent headaches/nerve pain _____
- Pregnancy/postpartum _____
- High stress/nervousness/anxiety/depression _____
- Allergies/intolerances (foods, scents, lotions, oils) _____

Do you wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they in now? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe your eating habits (how/what/when):

Please describe your exercise habits (how/what/when/duration):

Please describe your caffeine/nicotine/alcohol/drug intake:

Have you consumed alcohol or drugs within the last 6 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list any medications you are taking and what they are for:

What brings you in for treatment or consult? What results would you like to receive from your session(s)?

Have you had massage/bodywork before? Yes No If yes, how often and what kind?

Are there any parts of your body that you do NOT want touched?

Anything else you want to share?

Please sign below to acknowledge the requested information has been accurately provided and that you will keep your practitioner apprised of any changes or new information related to your health history so that we can provide you with the most effective treatment or consultation possible. Thank you!

Signature: _____ Date: _____

Printed Name: _____

Consent to Care and Liability Release

You are about to become a client of _____ at IRON BIRD for the purpose of traditional Thai bodywork and wellness. Your practitioner's licenses to practice are available for your inspection upon request.

Traditional Thai bodywork and/or wellness consultations are not intended to cure, diagnose or treat any medical conditions and should not replace treatment or consultation with a qualified physician or therapist.

On rare occasions, clients may have adverse reactions to massage/bodywork or to movement/exercise of any kind, including those from the Thai tradition. Symptoms may include headache, dizziness, muscle soreness, minor burns, bruises and allergic reaction to herbal products, among others.

You are in complete control of your session; if you feel any of these symptoms or are uncomfortable at any time, please inform your practitioner so that adjustments can be made or the session can be discontinued.

By signing this release, you agree not to hold IRON BIRD or its practitioners liable for any adverse effects you may experience during or after your session. For your safety, please be sure to fill out the Client Information and Health History form accurately and completely.

Thai bodywork sometimes requires close contact of client and practitioner and may involve more client/practitioner contact than many people have experienced in other massage/bodywork sessions. Your privacy is and comfort will be completely respected at all times. **If you feel uncomfortable at any time for any reason, please inform your practitioner immediately** so that direct action to remedy the situation or to discontinue the session, according to mutual preference, can be taken.

Your Thai bodywork or wellness session will be conducted with the utmost confidentiality. Any personal information delivered during the session or intake process will not be shared with anyone for any reason.

By signing this form, you acknowledge that you have both read and agree to the statements above.

Signature: _____ Date: _____

Printed Name: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

General Policies

Cancellation/Rescheduling

When you book an appointment, we commit that time and reserve it just for you. A 36-hour notice is required to cancel or reschedule an appointment without a charge. For appointments canceled or rescheduled with less than a 36-hour notice, the full session fee will be billed. Payment is due before your next appointment.

To cancel or reschedule with less than a 36-hour notice while avoiding paying for the session in full, consider sending a friend in your place. (If doing so, advance notice is appreciated!)

Arriving Late

We do our best to schedule appointments at the convenience of our clients. However, we cannot extend sessions beyond the scheduled timeframe to accommodate late arrivals. Should you arrive late, we will provide the fullest service possible within the allotted time.

Sickness

Massage/bodywork and movement/exercise is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 36-hour notice period, the cancellation fee may be waived.

Clothing

Please wear clothing that is neither too tight nor too loose for your Thai bodywork treatment. Please avoid wearing nylon and other slippery fabrics. There are a few techniques that require removal of some clothing. In these cases, appropriate draping will be used. During a typical session, it is likely that herbal balms, liniments and/or compresses will be applied over or under clothing, potentially staining fabric. Please wear clothing that is appropriate for herbal applications, comfort and movement during your session. If you have questions or concerns, please advise your practitioner in advance.

Service

We always treat our clients with respect and consideration. Our goal is to provide excellent customer service. However, we reserve the right to refuse service to anyone at anytime for any reason.

Your signature indicates that you have both read and agree to Iron Bird general policies.

Signature: _____ Date: _____

Printed Name: _____