



## Basic Information

**Today's Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

## 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 below each line.*

- Open cuts / sores / skin diseases / bruises / easy bruising / varicose veins
  
- Circulation problems / high or low blood pressure / high cholesterol / heart disease
  
- Arthritis / inflammation / osteoporosis / broken bones

- Fibromyalgia / fatigue / weakness / frequent headaches / nerve pain / sensory issues
  
- Hormonal imbalance / irregular menstruation / pregnancy / postpartum
  
- Irritable bowels / peptic ulcer / chronic indigestion / chronic constipation
  
- Spinal injury or conditions / surgeries / traumas / hospitalizations
  
- Cancer / Diabetes I or II / other issues not already mentioned
  
- High stress / nervousness / anxiety / depression / sensory sensitivity
  
- Allergies / intolerances (foods, scents, lotions, oils, medications, etc.)
  
- Medications / herbs / supplements (please list what you are using and for what condition)

## Daily Habits & Lifestyle

*Our habits and lifestyle are a cornerstone of our wellness. Considering the following aspects of day to day life provides insight into your whole health, treatment and referral options.*

**Food and Drink** - what do you eat and drink? How frequently? What times of day?

**Posture** - which position do you spend the most time in? Standing, sitting, reclining, walking?

**Sleep** - what time do you generally go to bed and wake up? Do you get up in the night? Do you feel rested?

**Physical exertion, work & exercise** - do you exercise? If so, please describe. Is your work physical?

**Emotions / mental states** - do your emotions or mental states affect your day to day activities?

**Extremes in temperature** - does the temperature of your indoor environment vary greatly from the outdoor temperature?

**Natural urges** - do you regularly avoid any of the following? Coughing, burping, sneezing, yawning, passing gas, defecating, urinating or vomiting.

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

*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. Thank you!*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## Consent to Care and Liability Release

You are about to become a client of IRON BIRD for the purpose of Thai traditional bodywork treatment and wellness consultation. The practitioner's license to practice in the State of Maine is available for your inspection upon request.

Thai traditional bodywork and 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 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 immediately 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 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 sessions, intake or in correspondence will not be shared with anyone for any reason, unless express permission is obtained.

*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:** \_\_\_\_\_

## Summary and Acknowledgement of Policies

*Below is a brief summary of the policies provided in full at [ironbirdbodywork.com](http://ironbirdbodywork.com).  
Please check each box as you review the summary and sign where indicated below.*

**Healthy History / Consent to Care / COVID-19 Pre-screening**

- Completed health history and consent to care forms are required to receive treatment
- COVID-19 pre-screening must be completed at least 24 hours prior to your appointment

**Payment / Gratuity**

- Sessions must be paid prior to or at time of service by cash, check, Venmo or credit card
- Gratuities are accepted if offered - never expected

**Cancellation / Rescheduling / Arriving Late**

- Cancellation notice is required 48 hours in advance
- Use the online system for scheduling, cancellations and rescheduling
- Sessions cannot be extended to accommodate late arrivals

**Sickness**

- Please cancel your session as soon as you aware of an infectious or contagious condition
- The 48-hour cancellation policy may be waived in the case of sickness

**Clothing / Masks**

- Please wear clothes appropriate for movement, warmth and herbal applications
- Everyone must wear a mask or cloth face covering at all times in the building and treatment

**Service**

- We reserve the right to refuse service to anyone at any time for any reason

*Your signature indicates that you have both read and will adhere to Iron Bird policies in full.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_