

# Center for Health and Harmony

Helping You Help Yourself, Naturally!

Holistic Nutrition Counseling

Massage Therapy/Bodywork

Performance Wellness Coaching

## Client Health and Wellness Information

All information you give and all notes taken will be kept private and confidential. This offer a holistic, inclusive, systems-approach to health and wellness. All of your answers help us to understand your concerns.

I am here for (mark all that apply):

Nutritional Counseling     Massage Therapy/Bodywork     Performance Wellness Coaching (Musicians)

Name \_\_\_\_\_ Date \_\_\_\_\_ Referred by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Birthday \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_

Phone/contact \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever had a massage? No  Yes  When was the last one? \_\_\_\_\_

Types of bodywork you've had and what you liked:

\_\_\_\_\_

Occupation(s) (if retired, former occupation and currently how you like to spend your time)

\_\_\_\_\_

## Medical History

Please mark all that apply, past or present. Please include ANY and ALL injuries, accidents, surgeries, boo-boo's, weekend warrior muscle pulls, and childhood injuries.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abscess/open sore        | <input type="checkbox"/> Fibromyalgia                          | <input type="checkbox"/> Osteoporosis                              |
| <input type="checkbox"/> Allergies                | <input type="checkbox"/> Fluid retention                       | <input type="checkbox"/> PMS/painful menstruation                  |
| <input type="checkbox"/> Alzheimer's              | <input type="checkbox"/> General muscular aches and pains      | <input type="checkbox"/> Post Traumatic Stress                     |
| <input type="checkbox"/> Anxiety Disorder         | <input type="checkbox"/> Headaches                             | <input type="checkbox"/> Psoriasis/psoriatic arthritis             |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Heart Disease                         | <input type="checkbox"/> Pregnancy - now? <input type="checkbox"/> |
| <input type="checkbox"/> Arteriosclerosis         | <input type="checkbox"/> Herniated disc                        | <input type="checkbox"/> Sciatica                                  |
| <input type="checkbox"/> Arthritis                | <input type="checkbox"/> Herpes I or II                        | <input type="checkbox"/> Skin rash or sensitivity                  |
| <input type="checkbox"/> Atherosclerosis          | <input type="checkbox"/> HIV or other infectious disease _____ | <input type="checkbox"/> Sprains, Strains                          |
| <input type="checkbox"/> Broken Bone/Fracture     | <input type="checkbox"/> High Blood Pressure                   | <input type="checkbox"/> Surgery (ies) _____                       |
| <input type="checkbox"/> Cancer/Malignancy        | <input type="checkbox"/> Hip or knee replacement               | _____  |
| <input type="checkbox"/> Car accident(s)          | <input type="checkbox"/> Hypo/hyperthyroidism                  | <input type="checkbox"/> Tendonitis                                |
| <input type="checkbox"/> Carpal tunnel syndrome   | <input type="checkbox"/> Hypoglycemia                          | <input type="checkbox"/> Weight issues                             |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Inner ear problem                     | <input type="checkbox"/> Varicose veins                            |
| <input type="checkbox"/> Depression               | <input type="checkbox"/> Joint pain                            | <input type="checkbox"/> Whiplash                                  |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Miscarriage                           | <input type="checkbox"/> Other _____                               |
| <input type="checkbox"/> Easy bruising            | <input type="checkbox"/> Muscle pain (_____)                   | _____  |
| <input type="checkbox"/> Eczema                   | <input type="checkbox"/> Obesity (BMI > 40%)                   |  |
| <input type="checkbox"/> Epilepsy/Seizures        |  |  |
| <input type="checkbox"/> Fibrositis               |  |  |

If you are currently under any health or wellness care (MD, DC, PT, DO, RD, Acupuncturist, etc), please indicate the type of medical professional and the reasons for seeking treatment.

\_\_\_\_\_

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Nutrition counseling and massage therapy work best as part of a team approach and therefore, occasionally, warrants communication between various healthcare professionals. If necessary, may we contact your physician(s)? (We would always let you know ahead of time if we need to contact someone.)

No \_\_\_ Yes \_\_\_ Name(s) and phone number \_\_\_\_\_

Please list any medications, brands of supplements, vitamins/minerals, herbs, diet pills/drinks you currently take.

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Interests, hobbies

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What do you do for exercise/physical activity/movement?

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Are there specific aspects of your life that are particularly stressful (job, posture, diet, family, etc)? Please explain.

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## Lifestyle Choices

Please rate your...	Healthy .....	Troublesome	Do you use...	Never.....	Daily	If daily, how much?
Lifestyle	— — — — —		Tobacco	— — — — —		_____
Nutrition	— — — — —		Alcohol	— — — — —		_____
Sleep	— — — — —		Drugs (non-meds)	— — — — —		_____
Bowels	— — — — —		Caffeine	— — — — —		_____

## Holistic Nutrition Counseling

Starting with a one-hour consultation to discuss your health history and primary health and nutrition concerns, this program is an on-going relationship, providing a supportive format through which you get to play with your food! Over the course of six months, you'll take "bite-sized pieces" of a new, healthier way of life, making it easier to digest. In addition to learning basic nutritional principles, we will come up with a menu of healthy ideas for creating a healthier lifestyle for you. Diet is a part of this, but your health goes well beyond your food choices. We can show you ways to improve your health, providing you with classes, food samples, nourishing self-care items, and a notebook full of informative handouts for a lifetime of learning.

\_\_\_ Yes, please. I need some help with nutrition, life balance, or weight management. I would like to schedule a complimentary Health History Consultation.

\_\_\_ I would like to refer someone for a complimentary Health History Consultation. (Name and contact info:)

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## Performance Wellness Coaching (for Musicians)

Coaching can help you set and achieve goals for your life, your business, your health (*See Holistic Nutrition Counseling*). You may request coaching as part of a bodywork session (an optional, additional fee) or as a separate service, here or over the telephone. Discounted packages are available in three-month, six-month, and one-year increments. A no-obligation sample session starts the process so you can experience how coaching works and decide if it is something you would find applicable and useful to your situation.

I am interested in learning more about:

\_\_\_ Health/Life Coaching. \_\_\_ Holistic Nutritional Counseling \_\_\_ Vocal/Performance Coaching

\_\_\_ Not right now; please follow up with me (when?) \_\_\_\_\_

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I agree that I am seeking holistic health services which may include massage therapy and bodywork for temporary relief of musculoskeletal pain, injury, or stress and that it is complementary to, and not a substitute for, acute medical care. I have read the above information and discussed it with my practitioner. I understand that this counseling or bodywork work does not constitute medical treatment. It is a form of health and wellness maintenance. I take responsibility for alerting my practitioner to any physical, mental, or emotional conditions that would affect this work.

**Lateness and Cancellation Policy (please initial to indicate acceptance) \_\_\_\_\_**

I acknowledge that my appointment is time reserved specifically for me. Unless there is an emergency, I will cancel my appointment 24 hours in advance, or I will pay the missed appointment fee in full. I understand that being late to my appointment may reduce the length of my appointment and that I am financially responsible for the original appointment length.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Join our *FREE* Client Appreciation Program

*Center for Health and Harmony* has a client appreciation program that includes distribution of an occasional e-mail newsletter which includes a variety of health and wellness information, healthy lifestyle tips and tidbits, recipes, articles, notice of special programs or classes, discounts, and promotions-- anything that would be of value to you as you seek greater health and harmony in your life.

May we include you on our mailing list? \_\_\_\_ Yes, please.

*Center for Health and Harmony* offers comprehensive wellness services, including massage therapy and bodywork, life and health coaching, and nutritional supplements. Your total wellness is our concern. We set ourselves apart from other wellness centers in that we keep you in mind between your visits.

When we come across information that might be useful to you or your family, may we call or e-mail you with the appropriate information? \_\_\_\_ Yes, please.

Lastly, we have occasional "Client Appreciation Parties" to show our gratitude for your business and for your continued referrals. We would be honored to include you.

May we send you an invitation? \_\_\_\_ Yes, please.

Thank you. Welcome to the *Center for Health and Harmony*. We look forward to serving you!

*There is no better compliment and testimonial for us than when you put our name to yours!  
If you know of anyone who would benefit from the fine service you receive at the *Center for Health and Harmony*, please contact us with their name and number, and we'll be happy to follow up with them for you.*