

Berkana BodyWorks - Orem
1448 E 820 N
Orem, UT 84097



Berkana BodyWorks - Lehi
325 E 100 N, Suite B
Lehi, UT 84043

BERKANA
BODYWORKS

CLIENT INFORMATION FORM

Name: _____ Birth date: _____ Sex: M _____ F _____

Address: _____ Home Phone: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

EMAIL ADDRESS: _____ REFERRED BY: _____

Rate your energy level: (0=low, 10=high) _____ Rate your stress level: (0=low, 10=high) _____

What are your primary stressors? (circle) job finances school sports relationships home family health other:

Therapeutic Pressure Guide: Please CIRCLE your generally preferred massage pressure

LIGHT	MEDIUM	FIRM	VERY FIRM	DEEP	VERY DEEP
(Swedish Massage)	(Swedish Massage)	(Swedish Massage)	(Swedish Massage)	(Deep Tissue)	(Deep Tissue)

MEDICAL HISTORY - PLEASE CHECK AND DATE ANY THAT APPLY

- | | | |
|---|---|--|
| <input type="checkbox"/> Blood Pressure High/Low | <input type="checkbox"/> Allergies/skin sensitivity | <input type="checkbox"/> Arthritis, Tendonitis |
| <input type="checkbox"/> Heart/circulation problems | <input type="checkbox"/> Easy bruising | <input type="checkbox"/> Sprains, strains |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Abnormal skin condition | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Neck/Back injuries | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Herniated disc | <input type="checkbox"/> TMJ | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Joint injury | <input type="checkbox"/> Headaches | <input type="checkbox"/> Recent injuries |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Major accident |
| <input type="checkbox"/> Tested HIV positive | <input type="checkbox"/> Pregnancy/Postpartum Dep. | <input type="checkbox"/> Surgery _____ |

Please explain any conditions you have marked above: _____

Are you taking any medications that your massage therapist should be aware of and if so, for what condition? _____

Name of Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

DISCLAIMER / AUTHORIZATION STATEMENT

I understand the massage therapists at Berkana BodyWorks provide non-sexual, professional therapeutic services as licensed providers in accordance with the regulations of the state of Utah. I also understand that a massage therapist does not diagnose illness, disease or any other physical or mental disorder. A massage therapist does not prescribe medical treatment or pharmaceuticals, and does not perform spinal manipulations. I recognize that massage therapy is not a substitute for medical examinations and/or treatment. I have stated all my known medical conditions and take it up myself to keep Berkana BodyWorks updated on my physical health.

Signature: _____ Date: _____