MOBLEY MANUAL CARE **CONFIDENTIAL CLIENT/PATIENT INFORMATION**

Name: _____ Age: _____ Birthday: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Preferred Communication: Voicemail Email Text Occupation: _____

Emergency Contact Name: _____ Their Phone #: _____

How were you referred? _____

Have you had, or do you have now, any of the following conditions? *(Please check all that apply)*

____ High Blood Pressure	____ Hernia or Hernia Repair	____ Depression
____ Diabetes	____ Bladder Control/Leakage	____ Fatigue/Loss of Energy
____ Arthritis	____ Bowel Dysfunction	____ Anxiety/Panic Attacks
____ Osteoporosis	____ Gland Problems (Thyroid)	____ Unexplained Weight Gain
____ Cancer	____ Stomach Disorders (Ulcers)	____ Numbness/Weakness
____ Lung/Respiratory Disease	____ Liver Disorders (Hepatitis)	____ Dizzy/Lightheadedness
____ Shortness of Breath	____ Stroke	____ Migraine/Headaches
____ Heart Disease	____ Seizures or Epilepsy	____ Blood Clots
____ Circulatory Disorder	____ Vision Problems	____ Pregnant
____ Pacemaker	____ Hearing Problems	____ Given Birth
____ Kidney Disorder	____ Nausea/vomiting	____ Other

Are you Allergic to Tape or Adhesives? YES / NO **Do you have a Latex Allergy? YES / NO**

Are you on Blood Thinners? YES / NO

Have you ever used steroid medication (cortisone, prednisone)? YES / NO

What medications are you taking and for what purpose? *(Please use back side if needed)*

_____

_____

What is the main reason for your visit? _____

We do not confirm appointments, so please write your appointment in a book or conspicuous place that you reliably reference. We greatly appreciate your understanding and assistance with this. *I agree to pay in full for my session should I fail to give a 24 hour cancellation notice*. SIGN here: _____

I understand that the manual care and massage provided is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. Chance Mobley, LMT, does not treat, prescribe or diagnose any illness, disease, or other physical or mental disorders of the person. Nothing said or done by Mr. Mobley should be misconstrued as such.
If the client is a minor, legal guardian (responsible party) please print, sign and date.

Print name _____

Signature _____ Date _____