

Wolford Clinic

The Art of Wellbeing.

Name: _____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone # 1: _____ Phone # 2: _____

Email Address: _____

Date of Birth: _____ Occupation: _____

Employer: _____

Employer's Address: _____

Preferred Appointment Day and Time: _____

In Case of Emergency, Please Notify:

Name: _____ **Telephone #:** _____

How did you hear about the **Wolford Clinic**? Circle one **Facebook**, **Group ON**
Search engine: Google Yahoo, Yelp. Friend, Family, Co-worker, **LinkedIn**,

Are you now under medical/therapeutic treatment? Yes No
If yes, for what condition? _____

List any medications (including aspirin) and nutritional supplements you are taking:

Please list (date and description) any accidents or operations: _____

Describe the exercise activities you do (include frequency): _____

What type of pressure do you feel you get the most relief from: Light Firm Deep

I, _____, (client) understand that massage therapy provided by, Tom Wolford of the Wolford Clinic, (massage therapist) is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes for massage therapy are specified below. The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications and that spinal manipulations are not a part of massage therapy. I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

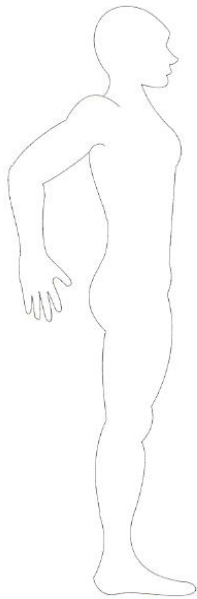
Signature: _____ Date: ____/____/____

Client Status Report

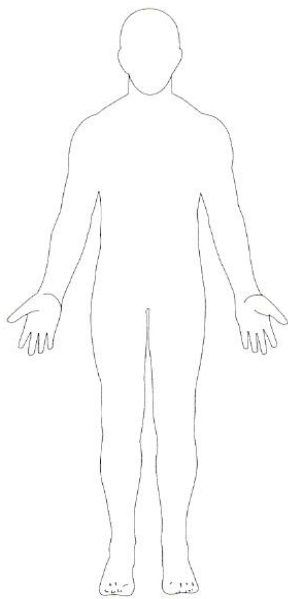
Name: _____ Date: _____

Please identify current problem areas in your body by drawing the appropriate symbols on the diagrams below.

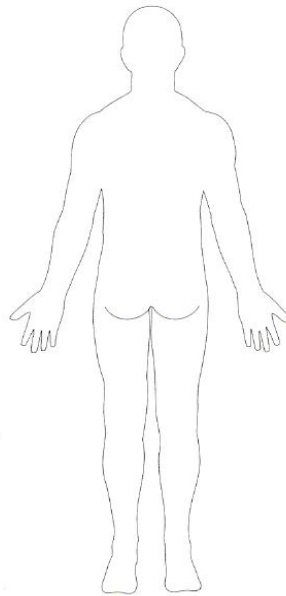
Key	○	Circle areas where pain exists
	⊙	Circle areas with small dots where extreme pain exists
	×	Put an "X" over stiff areas
	⋈	Draw squiggly lines over areas of numbness or tingling
	⊞	Mark scars, bruises or wounds



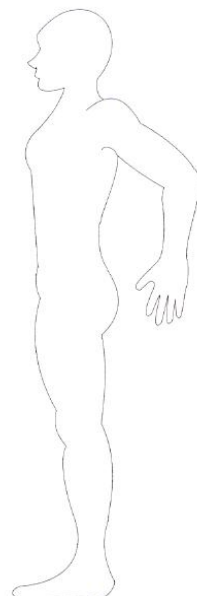
Right



Front



Back



Left

Comments: _____
