

Qi Harmony Bodywork



Shiatsu Shin Tai

Recover Life Force ∞ Empower Yourself

Client Name _____ Phone# _____

Date of Birth _____ () Male () Female

Please list all medications/supplements that you are currently taking. _____

Please advise of medical conditions, surgeries, & injuries. _____

Current concerns: _____

I understand that the Shiatsu Shin Tai practitioner does not diagnose any illness, injuries or diseases. I understand bodywork is not a substitute for care by a physician. I further understand that the information that is provided is to assist the bodyworker in providing appropriate care and service, which is not to be construed as medical treatment unless a physician has specifically prescribed it.

I have discussed with the therapist the type of bodywork that I will be receiving. I understand that at any time during the session I may inquire about any procedure. I will inform the therapist if any pain, discomfort or tenderness is felt.

I have stated all of my known physical and medical conditions and will keep the therapist informed of any changes.

Client Signature _____ Date _____