



Susan Davis M.S.W., C.M.T., Reiki Master
Confidential Client Case History

Name: _____ Date of Birth: _____

Preferred pronoun: [] Female [] Male [] They

Address: _____

Occupation: _____ E-Mail: _____

Phone (home/cell): _____

Preferred mode of communication: [] Call [] Text [] Email

How did you hear about me? [] Google search [] www.DavisMassageAndWellness.com

[] Referred by: _____ [] Facebook [] Instagram [] Other: _____

The purpose of today's appointment is: [] Massage/Bodywork [] Reiki [] Reflexology [] Psychotherapy

Please briefly describe your goals:

Bodywork appointments:

When did you first notice it? _____

What activities aggravate it? _____

What relieves the condition? _____

Are there any injuries/surgeries related to this issue (please incl. dates):

Please list all daily medications and supplements:

Medication/Supplement Name/Reason for taking it: _____

Are any of the following present today?

- [] Arthritis [] Diabetes [] Hernia [] Sinus pain
[] Allergies (skin, food) [] Dizziness [] Insomnia [] Thyroid
[] Asthma [] Disc problems [] Loss of range of motion [] TMJ dysfunction
[] Abdominal pain [] Fatigue [] Muscle spasms [] Whiplash
[] Acute injury [] Heart problems [] Numbness/tingling [] Other:
[] Acute infection [] Headaches/migraine [] Pregnancy
[] Back trouble [] High/Low blood pressure [] Radiating pain
[] Cancer [] Shortness of breath

Missed Appointment and Cancellation Policy: If you must reschedule or cancel an appointment, I require a minimum of 24-hours notice by phone call, text, or in-person. If less than 24 hours notice is given, you will be charged 50% of the appointment fee. If you do not keep your appointment and fail to cancel it, you will be charged the full appointment amount. This policy applies to those using a gift certificates, as well. This fee must be paid in-full prior to your next appointment. Late arrivals may result in ending on-time with respect to the next client, and full fee for your scheduled session is due.

Returned Check Policy: A \$35 fee will be billed for any check returned unpaid.

By signing below, you acknowledge that: 1) you understand that massage is an enhancement to good health and does not replace any medical care my doctor has prescribed; 2) you have given accurate information on this form, and will provide updates with any changes to your health or medications at subsequent appointments; 3) you agree to the policies and accept responsibility for your scheduled appointments.

Signature: _____

Date: _____