

Body Logic / Susan Lorentzen

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Client Information

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about Body Logic?

Yellow Pages – AT&T \_\_\_\_\_ Yellow Book \_\_\_\_\_

Health Fair \_\_\_\_\_ Which Health Fair \_\_\_\_\_

Presentation \_\_\_\_\_ Which presentation \_\_\_\_\_

Friend or Family \_\_\_\_\_ Name \_\_\_\_\_

Health provider (Doctor, chiropractor, massage therapist, etc) \_\_\_\_\_

Other \_\_\_\_\_

E-mail address \_\_\_\_\_

Insurance company \_\_\_\_\_

ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

Claims address \_\_\_\_\_

Is insurance in your name? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Insured \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

# CLIENT INFORMATION FORM

NAME: \_\_\_\_\_  
AGE(OPTIONAL): \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE DAY: \_\_\_\_\_ EVE: \_\_\_\_\_

## HEALTH HISTORY:

HAVE YOU EVER HAD A PROFESSIONAL MASSAGE BEFORE? YES NO  
DO YOU HAVE ANY MAJOR ILLNESS ? YES NO  
HAVE YOU HAD ANY MAJOR ILLNESS IN THE PAST? YES NO  
IF SO, PLEASE DESCRIBE: \_\_\_\_\_

HAVE YOU EVER HAD SURGERY? YES NO  
IF SO, PLEASE DESCRIBE: \_\_\_\_\_

ARE YOU ON ANY MEDICATIONS? YES NO  
IF SO, PLEASE LIST? \_\_\_\_\_

ARE YOU UNDER A PHYSICIANS CARE PRESENTLY? YES NO  
IF SO, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU WEAR CONTACTS OR DENTURES? YES NO  
DO YOU HAVE ANY SKIN PROBLEMS OR ALLERGIES? YES NO  
IF SO, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE VARICOSE VEINS OR BLOOD CLOTS? YES NO  
DO YOU HAVE ARTHRITIS? YES NO  
DO YOU EXERCISE REGULARLY? YES NO  
IF SO, WHAT KIND: \_\_\_\_\_

DO YOU HAVE ANY HEART PROBLEMS? YES NO  
DO YOU HAVE ANY SPINAL PROBLEMS? YES NO  
IF SO, WHAT'S THE DIAGNOSIS: \_\_\_\_\_

ARE YOU PREGNANT? YES NO

DO YOU HAVE ANY OTHER MEDICAL CONDITION THAT I SHOULD BE AWARE OF BEFORE GIVING A MASSAGE TO YOU ? YES NO  
IF SO, PLEASE EXPLAIN: \_\_\_\_\_

REASON FOR MESSAGE: \_\_\_\_\_

## PLEASE READ BEFORE SIGNING:

I UNDERSTAND THAT THE PURPOSE OF THIS MASSAGE IS FOR RELAXATION. I UNDERSTAND THAT THE MASSAGE THERAPIST MUST BE AWARE OF ALL EXISTING PHYSICAL CONDITIONS BEFORE GIVING ME A MASSAGE, AND THAT I HAVE STATED ALL KNOWN MEDICAL CONDITIONS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_