



Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell#: _____ Work#: _____

E-mail address: _____ Occupation: _____

Who can I thank for your referral? _____

Briefly describe condition(s) motivating you to seek Yamuna Body Rolling. _____

When and how did this condition develop? _____

What makes it better? _____

What makes it worse? _____

Please describe your therapeutic goal(s). _____

Please check (and explain if necessary) any conditions that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> inflammation _____ | <input type="checkbox"/> aneurism _____ |
| <input type="checkbox"/> joint pain _____ | <input type="checkbox"/> stroke history _____ |
| <input type="checkbox"/> osteoporosis _____ | <input type="checkbox"/> neurological conditions _____ |
| <input type="checkbox"/> scoliosis _____ | <input type="checkbox"/> headaches _____ |
| <input type="checkbox"/> arthritis (specify type) _____ | <input type="checkbox"/> vertigo _____ |
| <input type="checkbox"/> tendonitis _____ | <input type="checkbox"/> jaw popping/clicking _____ |
| <input type="checkbox"/> skin conditions _____ | <input type="checkbox"/> TMJ dysfunction _____ |
| <input type="checkbox"/> current cellulitis _____ | <input type="checkbox"/> bruxism _____ |
| <input type="checkbox"/> current fever _____ | <input type="checkbox"/> depression _____ |
| <input type="checkbox"/> carpal tunnel syndrome _____ | <input type="checkbox"/> anxiety _____ |
| <input type="checkbox"/> plantar fasciitis _____ | <input type="checkbox"/> insomnia _____ |
| <input type="checkbox"/> circulatory problems _____ | <input type="checkbox"/> fibromyalgia _____ |
| <input type="checkbox"/> swelling/edema _____ | <input type="checkbox"/> chronic fatigue syndrome _____ |
| <input type="checkbox"/> pregnancy (check if remotely possible) _____ | <input type="checkbox"/> general fatigue _____ |
| <input type="checkbox"/> blood clots (past or present) _____ | <input type="checkbox"/> cancer (past or present) _____ |
| <input type="checkbox"/> high/low blood pressure _____ | <input type="checkbox"/> diabetes (type) _____ |
| <input type="checkbox"/> heart condition _____ | <input type="checkbox"/> communicable disease _____ |
| <input type="checkbox"/> pacemaker/defibrillator _____ | <input type="checkbox"/> other _____ |

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Accidents/Injuries: _____

Surgeries (including dental): _____

Current medications: _____

Daily water consumption: less than one 1 quart 1-2 quarts 2 quarts or more

Do you feel you have a balanced diet? Yes No

Do you exercise frequently? Yes No If yes, specify how and frequency _____

Treatment fee: Sessions are 60 minutes in length. Sessions cost \$100. Payment is expected at the end of each session, unless other arrangements have been made. Cash and check are the preferred methods of payment, although credit and debit cards can be processed.

Cancellation Policy: Your appointment time is reserved exclusively for you. Kindly provide 24 hours notice in the event that you need to cancel your appointment. You will be expected to pay the *full session fee* for sessions missed for reasons other than illness or circumstances beyond your control.

Consent for treatment: I understand that Yamuna Body Rolling will require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I have listed all my known medical conditions and physical limitations. I will inform Owen of any changes to my physical health. I am responsible for consulting a qualified physician for any physical and/or psychological ailments that I may have. I understand that Owen's work should not be used as a substitute for this care. Owen does not diagnose any physical or psychological disorders, nor does he prescribe medications or perform spinal manipulations.

I understand the above statements and release Owen Dodge from any and all claims of malpractice, nondisclosure, or lack of informed consent. I freely assume any and all risks of treatment whether presently contemplated or herinafter discovered.

Signature _____

Date _____

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Please mark an "X" over areas of discomfort.

