



Mandy Beeman LMT #18053 | George Meredith LMT #13298

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Health and Medical History Information

Welcome to Serenity!

Some massage techniques should not be performed under certain medical conditions, so please be complete and honest with your answers.
Thank you for taking your time with this form and answering all the medical history questions honestly.

Client Contact Information

Name: _____

Date: _____

Date of Birth: _____ (Optional) Which gender do you identify with? _____ Pronouns: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ E-mail: _____

Referred By/How did you hear about Serenity Bodywork: _____

Emergency Contact: _____ Phone: _____ Relationship to you: _____

Do you have a physician referral/prescription? ☐ Yes ☐ No

Are you wanting to have insurance pay for your treatments? ☐ Yes ☐ No

*If Yes: Please fill out the Insurance Billing Form.

Massage Information

Have you ever received professional massage/bodywork before? ☐ Yes ☐ No How long ago? _____

What modality of massage/bodywork do you prefer (Deep Tissue, Trigger Point etc.)? _____

What kind of pressure do you like? Light Medium Firm

Please list your current symptoms/issues (stress, stiffness, pain, numbness/tingling, swelling etc.):

Do these symptoms interfere with your daily activities (sleep, exercise, work, childcare) ☐ Yes ☐ No

What are your goals from receiving massage for these conditions/symptoms?

Please list any medications you are currently taking:

If you are taking pain killers or muscle relaxers, please list when you last took your medication

Are you pregnant? ☐ Yes ☐ No ☐ N/A

Are you wearing contacts? ☐ Yes ☐ No ☐ N/A



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www.serenity-bodywork.com

503-860-2372
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Name: _____

Health History

Have you had an injury (car accidents, sports incident etc.) or any surgeries in the past 5 years? ☐ Yes ☐ No

If yes please list:

Please circle any of the following health conditions that you currently have or have had in the past. If you are unsure, feel free to ask. (**Blood clots, infections, congestive heart failure, contagious diseases, pitted edema, high blood pressure or any of the *** conditions may be contraindicated to massage, so please be as accurate as you can be. Please also

indicate any treatment received for the conditions.)

Past	Current	Muscle or Joint pain or stiffness _____
Past	Current	Numbness or Tingling _____
Past	Current	*Swelling/Edema _____
Past	Current	Bruise Easily _____
Past	Current	Sensitive to touch/pressure _____
Past	Current	*High/Low (circle one) blood pressure (is it controlled by medication?) _____
Past	Current	*Stroke, Heart Attack _____
Past	Current	*Varicose veins _____
Past	Current	Shortness of breath, asthma _____
Past	Current	*Cancer _____
Past	Current	*SARS-CoV-2 Novel Coronavirus (COVID-19) _____
Past	Current	Neurological (MS, Parkinson's, Chronic Pain) _____
Past	Current	*Epilepsy, Seizures _____
Past	Current	Headaches, Migraines _____
Past	Current	Dizziness, Ringing in ears _____
Past	Current	Digestive conditions _____
Past	Current	Gas, bloating, constipation _____
Past	Current	*Kidney disease, infection _____
Past	Current	Arthritis (rheumatoid, osteoarthritis) _____
Past	Current	Osteoporosis, Degenerative spine/disk _____
Past	Current	Scoliosis _____
Past	Current	*Broken bones _____
Past	Current	Allergies (please include allergies to lotions or scents) _____
Past	Current	*Diabetes _____
Past	Current	*Endocrine/Thyroid conditions _____
Past	Current	Depression, anxiety _____
Past	Current	Memory Loss, confusion, easily overwhelmed _____



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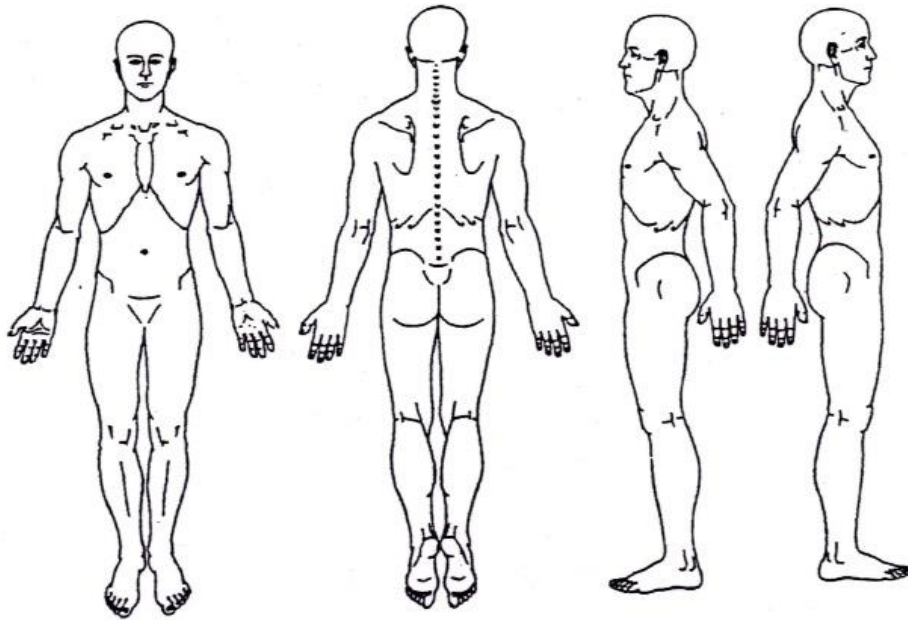
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Is there anything else you think I should know?

Please Indicate on the body map where you have pain or where your symptoms are:



Office Policies

Payment is expected at time of service. A cash discount is offered if services are paid for at time of service. No discount will be allowed if there is a delay in payment unless special arrangements have been made in advance.

24 hour notice is required when canceling an appointment, or you will be charged a **fee of \$45**. This allows the opportunity for someone else to schedule an appointment.

Late Arrivals: If you arrive late, your session may be shortened to accommodate others whose appointments follow yours. Regardless of the length of the treatment given, **you will be responsible for the "full" session**. Out of respect and consideration to your therapist and other customers, **please** plan accordingly and be on time.

No shows: Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." No shows will be billed for the **full-service** amount on the 3rd infraction.

A separate informed consent form has been provided to you and you have signed it and had all questions answered to your satisfaction.

Client Signature: _____ Date: _____

Printed Name: _____

Parent or Guardian Signature (in case of minor): _____

Massage Provider Name: _____

Assigned ID# _____



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