

CLIENT INFORMATION FORM FOR CHI SYMPOSIUM

Please email to: Admin@ChiklyInstitute.com

If you are accepted please bring this signed form with you to the Symposium

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Home: _____ Cell: _____

Email: _____ Age: _____

Occupation: _____

Medications: _____

Name of your primary hands-on practitioner: _____

Has she/he taken classes with CHI (which ones, if you know)? _____

Will your practitioner be with you at the Symposium? _____

Primary Reason(s) for Treatment: _____

Please Answer the Following Questions by Circling the Appropriate Answer.

Have you ever had surgery?	YES NO	Have you suffered any acute injuries?	YES NO
Do you have fever or acute inflammation?	YES NO	FOR WOMAN ONLY:	
Do you have any allergies (i.e. Latex)?	YES NO	Are you pregnant?	YES NO
		Do you have an IUD?	YES NO

Please Explain Any YES Answers: _____

Do You Have Any Other Medical Conditions We Should Be Aware of? Please Explain:

I, _____, understand that massage therapists do not diagnose illness, disease or any other physical or mental disorder.

As such, massage therapists do not prescribe medical, pharmaceuticals treatment.

I am aware that this massage therapy is not a substitute for medical examinations and/or diagnosis and it is recommended that I see a physician for any physical ailment that I might have.

Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

SIGNATURE: _____ **Date:** _____

IF MINOR: Name of Parent/Guardian of Client: _____