Intero Bodywork
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INTERO BODYWORK
THERAPEUTIC MASSAGE CLINIC
DURHAM, NC

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Confidential Health History Form

Please fill out this confidential health history form. Intero Bodywork is HIPAA and NCBMBT compliant and is an ally of the LGBTQIA+ communities.

Contact Information

Today's Date: _____

Name: _____ Preferred Name: _____

Pronouns (e.g. she, he, they): _____ Birth Date: _____

Phone Number: _____ Email: _____

Address: _____

Legal Guardian (if under 18): _____ Number: _____

Emergency Contact Name: _____ Number: _____

Who can we thank for the referral? _____

If no direct referral, how did you find us? _____

What Brings You in Today?

I am here for (check all that apply):

☐ **Stress Relief and/or Relaxation**

Please check all that apply:

☐ Chronic ☐ Acute ☐ Emotional ☐ Physical ☐ Difficulty Resting

How does stress show up in your body? _____

_____

What areas of the body illicit the best relaxation response (i.e., what areas feel *really great* to be worked on, not necessarily areas that are in pain, but what feels really *great*? _____

_____

☐ **Pregnancy or Post-partum Care**

How many weeks? _____

Any pregnancy-related medical concerns? _____

☐ **Mental Health**

Please check all that apply:

☐ Difficulty Regulating Emotions ☐ Anxiety ☐ Depression ☐ Grief
☐ Executive Function Challenges ☐ Sensory Processing Differences ☐ Autistic Spectrum
☐ Major Life Transitions ☐ Chronic Medical Issues ☐ Chronic Irritability

☐ **Orthopedic, Sports, Pain, or Injury**

Please check all that apply:

☐ Shoulder Pain/Tension ☐ Neck Pain/Tension ☐ Back Pain/Tension
☐ Tension/Mechanical Strain Headaches ☐ Migraines ☐ Hip Pain/Tension
☐ Joint Replacement(s) _____ ☐ Prosthetics/implants_____
☐ Symptomatic Joint Hypermobility: Systemic or Regional? _____
☐ Ehlers Danlos Syndrome (EDS) Type, if known (e.g. hypermobile, cardiovascular): _____
☐ Osteoarthritis: _____ ☐ Osteopenia _____
☐ Rheumatic Issues (e.g. RA, fibromyalgia): _____
☐ Sports-related Injury: _____
☐ Are you currently working with a physician, physical therapist, or other health professional for any of the conditions stated? If yes, who? _____

☐ **Lymphatic Health**

Pease check all that apply:

☐ Chronic Fatigue ☐ Chronic Illness ☐ Migraines
☐ Difficulty Recovering from Illnesses ☐ Generalized Aches ☐ Lymphedema
☐ General Problems with Edema/Swelling ☐ Auto-Immune Issues _____
☐ Pre- or Post-Operation
When was the surgery? _____
What was the surgery for? _____
Are you currently under physician care for the surgery? ☐ Yes ☐ No
☐ GI-related issues
Please check all that apply:
☐ Bloating ☐ Constipation ☐ Mast Cell Activation Syndrome (MCAS)
☐ Irritable Bowel Syndrome ☐ Crohn's Disease

Other Health Concerns

☐ High/Low Blood Pressure : _____ Controlled with Medicine: ☐ Yes ☐ No

☐ Difficulty Sleeping

Please check all that apply: ☐ Sleep Apnea ☐ General Unrest
☐ Difficulty Staying Comfortable While Sleeping ☐ Restless Leg Syndrome
☐ Other: _____

☐ Heart Conditions: _____ ☐ Kidney Disease: _____

Other Health Concerns Continued

☐ Liver Disease: _____ ☐ Stroke: _____

☐ Women's Pelvic Health: _____

☐ Injuries or Accidents Requiring Medical Attention: _____

☐ Medications: _____

☐ Any Other Health-Related Concerns: _____

☐ Trans / Gender-Affirming Health Concerns (optional): _____

Please share any trans or gender-affirming health-related information you feel is relevant to your care (for example: hormone therapy, surgeries, binding/tucking considerations, related concerns, or anything you would like us to be aware of). Sharing is completely optional; we only ask to offer the best support possible.

Health Promotion

On a scale of **1–5** (1 = lowest, 5 = highest), how would you rate your exercise or level of physical activity?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Please list your favorite activities: _____

What other activities help you manage stress the best? _____

Is there anything else you would like us to know before we begin? _____

Informed Consent

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or techniques may be adjusted to my level of comfort. I further understand that massage/ bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature:_____ Date:___/___/_____

Parent or Guardian Signature (in case of a minor):_____ Date:___/___/_____

Cancellation Policy Initial: _____

To cancel an appointment, please email, call, or text us **at least twenty-four (24) hours for appointments**, as this will give us time to fill the allotted appointment space. Same-day cancellations that are unable to get rebooked will be charged an administration fee of $60/hour. No call-no show appointments, or appointments cancelled **within two (2) hours** of the scheduled time, will be charged in full.

Illness Policy Initial: _____

If you become ill or are caring for someone who is ill, please call us as soon as possible to reschedule your appointment. If you develop a fever or symptoms of a contagious illness, please let us know as soon as your symptoms appear. You do not need to wait until the time of your appointment to contact us.

When you give us reasonable notice that you are sick or becoming sick, we will waive the cancellation fee and work with you to reschedule your appointment. We want you to feel your best when you come in, and we will do our best to accommodate you.

If you arrive for your appointment while sick or contagious, we will ask you to reschedule rather than provide the session. In this situation, the full session fee will apply.