

# Dancing With Life Bodywork

3256 Millgrove Street, Victoria, BC V8Z 3V5

## CLIENT INFORMATION FORM

Date \_\_\_\_\_

Please PRINT or ask to have this form filled out for you.

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, Prov., Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Referred by: \_\_\_\_\_

### General & Medical Background:

Emergency contact name and number: \_\_\_\_\_

Allergies (topical and internal): \_\_\_\_\_

Doctor's name and number \_\_\_\_\_

Current medications and supplements \_\_\_\_\_

With whom do you live? \_\_\_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

Weekly exercise \_\_\_\_\_ General Amount of Sleep \_\_\_\_\_

Average stress level and primary causes \_\_\_\_\_

Do you smoke? \_\_\_\_\_ How much? \_\_\_\_\_ Alcohol consumed/day \_\_\_\_\_

Please list your primary reasons for your visit today \_\_\_\_\_

Any significant surgeries? Family History?

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