

Client History Form

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

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status (circle one): M S W D Sep. Number of Children \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: day \_\_\_\_\_ month \_\_\_\_\_

Describe the health problems for which you came to see us. \_\_\_\_\_

How did this condition develop? \_\_\_\_\_

List the diagnosis (if known) and treatment currently being used. \_\_\_\_\_

Describe the results from previous treatments (massage, chiropractic, physical therapy, ect.).

Is there anything that makes your condition worse? \_\_\_\_\_

List all operations and illnesses. \_\_\_\_\_

Are you presently under a physician's care? Y N

If so, please explain. \_\_\_\_\_

Please list medications and their purpose. \_\_\_\_\_

Have you had surgery in the past three years? Y N

If yes, please explain. \_\_\_\_\_

Do you regularly drink caffeine beverages (coffee, tea, coke, ect)? Y N

Do you smoke? Y N If so, how many packs a day. \_\_\_\_\_

Do you drink alcoholic beverages? Y N If so how much? \_\_\_\_\_

Are you pregnant? Y N If so, what is the expected delivery date? \_\_\_\_\_

Are you participating in a regular fitness program? Y N If so, please describe.  
\_\_\_\_\_

Do you have any medical condition and/or physical limitation that your BodyTalk practitioner needs to be aware of before you receive treatment? Y N If so, please explain. \_\_\_\_\_

**Please circle all the areas of pain below**

Head

R. Shoulder

Neck

L. Shoulder

Arm

Back

Arm

Hand

Chest

Hand

Abdomen

Leg

Leg

Feet

Feet

**Please circle any of the symptoms you experience**

**Sometimes = S    Often = O    Past = P**

Loose Stools/Diarrhea	S O P	Cough	S O P
Vomiting	S O P	Shortness of breath	S O P
Belching Burping	S O P	Decreased sense of smell	S O P
Heartburn	S O P	Nasal problem	S O P
Feeling of distension	S O P	Skin Problems	S O P
After meals		Bronchitis	S O P
Tendency to be	S O P	Asthma	S O P
Obsessive in work/ relationships		Tendency to catch colds easily	S O P
Fatigue	S O P	Intolerant to weather changes	S O P
Edema	S O P	Allergies	S O P
Easily Bruised	S O P	Hay Fever	S O P
Difficult to stop bleeding	S O P	Black Stools	S O P
Low back pain	S O P	Irritable bowel	S O P
Knee problems	S O P	Constipation	S O P
Hearing impairment	S O P	Hemorrhoids	S O P
Ringin g ears	S O P	Blood in stools	S O P
Kidney stones	S O P		
Decreased sex drive	S O P	Eye Problems	S O P
Hair loss	S O P	Dizziness	S O P
Urinary Problems	S O P	Hepatitis	S O P
Insomnia, difficultly Sleeping	S O P	Difficulty digesting oily foods	S O P
Heart palpitations	S O P	Gall stones	S O P
Excessive dreaming	S O P	Light colored stools	S O P
Restless	S O P	Soft or brittle nails	S O P
Chest pains	S O P	Easily angered or irritated	S O P
Tendency to faint easily	S O P	Difficulty making plans or Decisions	S O P
High blood pressure	S O P	Muscle spasms or twitching	S O P
Abdominal Hernia	S O P	Headaches	S O P
Arthritis	S O P	High cholesterol	S O P
Sciatica	S O P	Neck pain	S O P
Bursitis	S O P	P.M.S.	S O P
Blood clots	S O P	Severe menstrual pain	S O P
Broken bones	S O P	Severe irritability	S O P
Hands/feet cold	S O P	Severe depression	S O P
Hand numbness	S O P	Foot numbness	S O P
Cancer	S O P	Carpal tunnel syndrome	S O P
Herniated disc	S O P	TMJ(temporal mandibular joint)	S O P
Varicose veins	S O P		
Loss of balance	S O P		
Diabetes	S O P		

## Permission Agreement

I know that Angela/Todd Adkins is not a medically licensed doctor and she/he will not diagnose, treat, or prescribe for illness, injury, disease, or other pathological condition, or perform any act which constitutes the practice of medicine. I know that as a BodyTalk Practitioner, Angela/Todd will use her/his hands to contact the parts of my body that need balancing. I give consent for her/him to touch me for the purpose of the session. It is my responsibility to inform Angela/Todd of any medical conditions or medications I am currently taking. I understand that although I may seek information and counseling from Angela/Todd my health and well-being, or that of my child, is my own responsibility. It is my responsibility to consult my primary care provider or to seek out other medical help when necessary. All information is confidential and will not be released without my written permission.

I understand that my scheduled appointment time is valuable and may be limited if arriving late for an appointment. I understand that a minimum 24 hour cancellation notice is requested and a late cancellation/no show fee of \$50 will be charged to my account if abused. I have carefully considered all the materials and information given to me and it is my desire to participate in BodyTalk sessions with Angela/Todd Adkins.

Date \_\_\_\_\_ Client Signature \_\_\_\_\_

Date \_\_\_\_\_ Practitioner Signature \_\_\_\_\_

### Consent to Treat a Minor

By my signature below, I hereby authorize my child/dependent to participate in a BodyTalk session with Angela/Todd Adkins.

Name of Child/Children \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

## Helpful Suggestions for an optimal BodyTalk session

- \*Please fill bring the completed intake form to your first appointment.
- \*Read all materials carefully and make note of any questions you wish to discuss.
- \*During your session you will be lying face up on a massage table. Please wear natural fiber clothing, like cotton. It is especially important that you avoid wearing any nylon, spandex, or metal, including under wire bras if possible. Jewelry, glasses and shoes can be removed prior to your session.
- \*Please arrive early in order to enjoy the full time of your appointment. Late arrivals may result in your session being limited due to time constraints.
- \*Please give at least 24 hours notice when cancelling an appointment.

Session Rates: (We accept cash, check, MasterCard, Visa, American Express and Discover)

New Client Session Rate: Includes review of health intake form, appropriate objective tests, setting personal goals with you, answering your questions and the initial BodyTalk session.

\$150.00 (60 min)

Follow up Sessions Options: \$100.00 (30 min.), \$ 150 (45 min), \$200.00 (60 min)

## **DRIVING DIRECTIONS TO OUR CLINIC**

**Our clinic is located near the intersection of N. O'Connor and Rochelle about .5 north of Hwy 183 and about 1.5 miles south of Hwy 114. We are on the east side of N. O'Connor Rd. If you are driving south on O'Connor, the clinic will be on your left and there is no direct turn into the parking lot. You will need to make a U turn to get into the parking lot or turn into the shopping center just south of our clinic and turn back around. If you are driving north on O'Connor, turn right into the parking lot.**

**Please drive to the back of the building and park. There is an entry door at the back of the building. As you enter, our office door is on the left (#124). We do not have our sign up on the outside of the building yet, however, it is on the door inside the building.**

**Click on the link below for specific directions from your location:**

**The BodyTalk Center of North Texas  
2940 N. O' Connor Rd. Suite 124  
Irving, TX 75062  
972-255-3600**

**[Map Quest our clinic](#)**

**Please call us at 972-255-3600 if there are any questions or if you need assistance the day of your session.**

**Thank you,**

**Todd Adkins PT, CBP, CBI  
Angela Adkins LMT, CBP, CBI**

***\*If you need more specific directions or need to contact us the day of your session please call the clinic number 972-255-3600.***

**Thank you and we look forward to helping you,**

**Todd and Angela Adkins – CBI  
The BodyTalk Center of North Texas  
2940 N. O'Connor Rd., Suite 124  
Irving, TX 75062  
972-255-3600  
E-mail: [dallasbodytalk@prodigy.net](mailto:dallasbodytalk@prodigy.net)  
[www.alignwithenergy.com.com](http://www.alignwithenergy.com.com)**