

Basic Information

Full Name ↑	Date of Birth ↑
Home Address ↑	
Mailing Address (if different than above) ↑	
Mobile Phone Number ↑	Email ↑
Occupation ↑	Employer ↑
Emergency Contact Name ↑	
Relationship to You ↑	Mobile Phone Number ↑

Health History

Please complete the following information and sign where indicated. For the conditions you check, please explain as clearly as possible in the space provided below each line.

Open cuts / sores / skin diseases / bruises / easy bruising / varicose veins
Circulation problems / high or low blood pressure / high cholesterol / heart disease
Arthritis / inflammation / osteoporosis / broken bones
Fibromyalgia / fatigue / weakness / frequent headaches / nerve pain / sensory issues
Hormonal imbalance / irregular menstruation / pregnancy / postpartum
Irritable bowels / peptic ulcer / chronic indigestion / chronic constipation
Spinal injury or conditions / surgeries / traumas / hospitalizations
Cancer / Diabetes I or II / other issues not already mentioned
High stress / nervousness / anxiety / depression / sensory sensitivity
Allergies / intolerances (foods, scents, lotions, oils, medications, etc.)
Medications / herbs / supplements (please list what you are using and for what condition)

Daily Habits & Lifestyle

Our habits and lifestyle are the cornerstone of our wellness. Considering the following aspects of day to day life provides insight into your whole health, treatment and referral options. Please describe your general sleeping habits (how/duration/quality/when): Please describe your general eating habits (how/what/when): Please describe your exercise habits (how/what/when/duration): Please describe the mental states / emotions you experience most often (anxiety, sadness, anger, overwhelm, etc.): Please describe your caffeine / nicotine / alcohol / drug intake: Are you currently under the care of a physician or any other practitioner? If yes, please explain:

Anything else you want to share?

Causes, Conditions & Motivation

Your answers to these questions allow The Iron Bird Way to deliver the most impactful sessions and programs. Please answer as honestly as you can. Thank you!

What brings you to The Iron Bird Way?
How is your condition affecting your daily life? And your happiness?
What are the results you hope to achieve in your work with The Iron Bird Way?
Why are these results important to you?
What are you willing to give up to make it happen?
What are you not willing to give up to make it happen?
Who or what can support you in this process? What additional support might you need?
What do you love to do?

Consent to Care and Liability Release

You are about to become a client of THE IRON BIRD WAY for the purpose of traditional yoga & holistic movement training, traditional & holistic health coaching and Thai traditional bodywork. Upon request, the practitioner's license to practice massage in the State of Maine is available for your inspection.

Thai traditional bodywork and wellness consultations are not intended to cure, diagnose or treat any medical conditions and should not replace treatment or consultation with a qualified physician or therapist.

On rare occasions, clients may have adverse reactions to massage / bodywork or to movement / exercise of any kind, including those practiced at THE IRON BIRD WAY. Symptoms may include headache, dizziness, muscle soreness, minor burns, bruises and reactions to herbal products, among others.

Thai bodywork sometimes requires close contact between client and practitioner and may involve more client to practitioner contact than many people have experienced in other massage / bodywork sessions. Your privacy and comfort will be completely respected at all times.

You are in complete control of your session; if you feel any of these symptoms or are uncomfortable at any time for any reason, please inform your practitioner immediately so that direct action to remedy the situation can be made or the session can be discontinued, according to mutual preference.

By signing this release, you agree not to hold THE IRON BIRD WAY, or its practitioners, liable for any adverse effects you may experience during or after your session. For your safety, please be sure to fill out the Client Information and Health History form accurately and completely.

Your Thai bodywork, training or wellness coaching session will be conducted with the utmost confidentiality. Any personally identifying information delivered during sessions, intake or in correspondence will not be shared with anyone for any reason, unless express permission is obtained.

By signing this form, you acknowledge: (1) that you have both read and agree to the staten (2) the information provided by you in your health history is accurate, and (3) that you will practitioner apprised of any changes to your basic information, health history or health c			
Signature ↑	Date ↑		
Printed Name ↑			

Summary and Acknowledgement of Policies

Below is a brief summary of the policies provided in full at theironbirdway.com. Please check each box as you review the summary and sign where indicated below.

Printed Name ↑		
Sig	nature ↑ Date ↑	
You	r signature indicates that you have both read and will adhere to The Iron Bird Way policies in full.	
□ S •	ervice We reserve the right to refuse service to anyone at any time for any reason	
•	Sessions must be paid prior to or at time of service by cash, check, Venmo or credit card Gratuities are accepted if offered - never expected	
□ P	ayment / Gratuity	
•	Please wear clothes appropriate for movement, warmth and herbal applications At this time, masks in treatment are optional, unless specifically requested by your practitioner	
□ C	lothing / Masks	
•	Cancellation notice is required a minimum of 48 hours in advance Use the online system to cancel, unless it is a late cancellation Scheduled session times cannot be extended to accommodate late arrivals	
□ C	ancellation / Rescheduling / Arriving Late	
•	Completed health history and consent to care forms are required to receive treatment We follow state and local guidelines, as well as common sense comfort levels for COVID-19 Please cancel your session as soon as you aware of an infectious or contagious condition The 48-hour cancellation policy may be waived in the case of sickness	
⊔ Н	ealthy History / Consent to Care / COVID-19 Protocols / Sickness	