Suruhana Massage & Natural Healing

616 NW 21st St, Ste 103

Oklahoma City, OK 73103

(405) 754-7365

www.suruhananaturalhealing.com

Office Use Only: < >

Personal Health Intake Form

Today's Date:_____

Full Name:_____Gender: M F

Address:_____Apt.#_____

City, State, Zip:_____

Phone:_____Alternate Phone:_____

Birth Date:_____Email:_____

Occupation:_____Employer:_____

Physician and Phone:_____

Emergency Contact and Phone:_____

Please list all over-the-counter and prescription medications you are currently taking:

_____

Please list all accidents, injuries and surgeries and their approximate dates:

_____

Please check mark any conditions that apply to you (either current or in the past):

____ Allergies: ____ mold ____ pollen ____ dust ____ dander _____ other
____ Arthritis: ____ osteo ____ rheumatoid ____ stiffness in joints?
____ Athlete's foot
____ Back pain: ____ upper ____ lower
____ Blood clots: _____ where? ____ Deep Vein Thrombosis (DVT)?
____ Blood pressure: ____ high ____ low ____ taking medication?
____ Cancer: _____ type?____ in remission ____ chemo ____ radiation ____ surgery ____ lymphedema ____ tumor
____ Carpal Tunnel Syndrome: ____ pain in arm / wrist ____ tingling / numbness ____ pain up to shoulder
____ Cold / Congestion / Fever / Flu: ____ currently have the sniffles? ____ currently have a fever? ____ sinus congestion
____ Constipation / Digestive discomfort: ____ currently experiencing? _____ type of discomfort?
____ Contagious disease: ____ tuberculosis ____ scabies ____ impetigo ____ ringworm _____other
____ Diabetes: ____ Type I ____ Type II ____ insulin dependent ____ diet controlled
____ Fatigue: ____ trouble sleeping? ____ lethargic? ____ constant weariness?
____ Headaches: ____ migraine? _____ where does it start? ____ one sided? _____how often? _____ duration?
____ Heart: ____ pacemaker ____ surgery_____other
____ Hepatitis: ____ A,B,C,D,E,F_____Treated?
____ HIV/ AIDS: _____
____ Infection: _____where? _____ taking medication?
____ Inflammation: ____ "Frozen Shoulder" ____ Bursitis ____ Myositis _____other
____ Lupus: _____Remission?
____ Muscle spasm: ____ due to singular event ____ recurring ____ are you a runner? _____ athlete (sport)?
____ Neck / spinal injury or pain: ____ whiplash _____ when? ____ "pinched nerve" ____ low range of motion
____ Pregnancy: ____ 1st trimester ____ 2nd trimester ____ 3rd trimester _____ due date?
____ Sciatica: ____ due to herniated disc ____ which vertebrae? ____ do you smoke? ____ quit smoking?
____ Scoliosis: ____ fused vertebrae ____ corrective surgery ____ functional with no surgery
____ Seizure: ____ epilepsy ____ taking medication? _____other
____ Skin: ____ acne ____ psoriasis ____ eczema ____ cellulitis ____ rash _____other
____ Stroke: ____TIA ____ Aneurysm
____ Vertebral discs: ____ herniated ____ ruptured ____ vertebrae fused

Additional comments / Natural supplements, therapies, modalities, etc. that you are currently utilizing:

ARE YOU CURRENTLY EXPERIENCING FLU LIKE OR COVID SYMPTOMS &/OR HAVE YOU BEEN AROUND ANYONE IN THE LAST 14 DAYS THAT TESTED POSITIVE FOR COVID? Y N

Have you ever had a session with an Ethno-Medicine Practitioner who utilizes traditional healing methods to assist in the overall wellness of your mind, body, and spirit; depending on what you present and are seeking? Y N

Have you ever received a legitimate, therapeutic massage or other form(s) of bodywork (nonsexual) before? Y N

If yes, how long ago was your last session?_____Type(s) of work?_____

Do you prefer LIGHT MODERATE or FIRM pressure?

Have you ever had an energy work session (i.e. Crystal Therapy, Reiki, Smudging, The Laying Of Hands) before? Y N

What is your preferred method of contact? CALL TEXT EMAIL

May we add your email address to our database to update you on future offerings at SMNH? Y N

(We will never sell or share your information with anyone else unless compelled to do so by law.)

IMPORTANT TERMS & DEFINITIONS RELATING TO ETHNOMEDICINE CARE SOUGHT AFTER AT SMNH; see source links below OR review this information on our website:

https://study.com/academy/lesson/ethnomedicine-definition-examples.html
https://www.who.int/health-topics/traditional-complementary-and-integrative-medicine#tab=tab_1
https://www.guampedia.com/ancient-chamorro-medicine-making/

Agreement for Services

I, the undersigned, understand that ethnomedicine is a valid form of healthcare, even if not wholly understood by modern/western medicine, and have chosen of my own volition to seek this method of care from said practitioners. I understand that a standard session includes my practitioner(s) creating the best treatment plan for today and moving forward, if necessary, along with self-care suggestions, wellness goals, & new client / patient followup utilizing the best of their abilities, experience, & knowledge. We always advise & highly encourage seeking other healthcare professionals that you trust, to garner other wellness minded insights & health education opinions from both hemispheres. We also offer the kind reminder, to do your own research, so that you always stay vested, in your own health.

I understand that massage & bodywork, as it relates to SMNH, is offered in two ways:

-integrated with other ethnomedicine practices

-your session is solely for therapeutic massage / bodywork

In the latter case, massage therapy given here is for the purpose of relaxation, stress reduction, and / or relief from muscular tension, spasm and / or pain, and for increasing circulation and energy flow. I understand that the massage practitioner does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage practitioner does not prescribe medical treatment or pharmaceuticals, nor does the massage practitioner perform any spinal or bone manipulations. I understand that massage therapy is not a substitute for medical examination and / or medical diagnosis and that it is recommended that I see a physician for any physical ailment that I may have.

I hereby acknowledge that the above information is true and accurate regarding my past and present health condition(s); to the best of my knowledge, and take it upon myself to keep my practitioner(s) & staff if applicable, updated on my current health status today and visits hereafter.

Client/Patient Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

Acknowledgement & Agreement of Payment Upon Scheduling, Cancellation, and all other SMNH Policies & Protocols

I acknowledge, understand, & agree to abide by SMNH's Payment Upon Scheduling, Cancellation, and all other policies.
Initials:_____

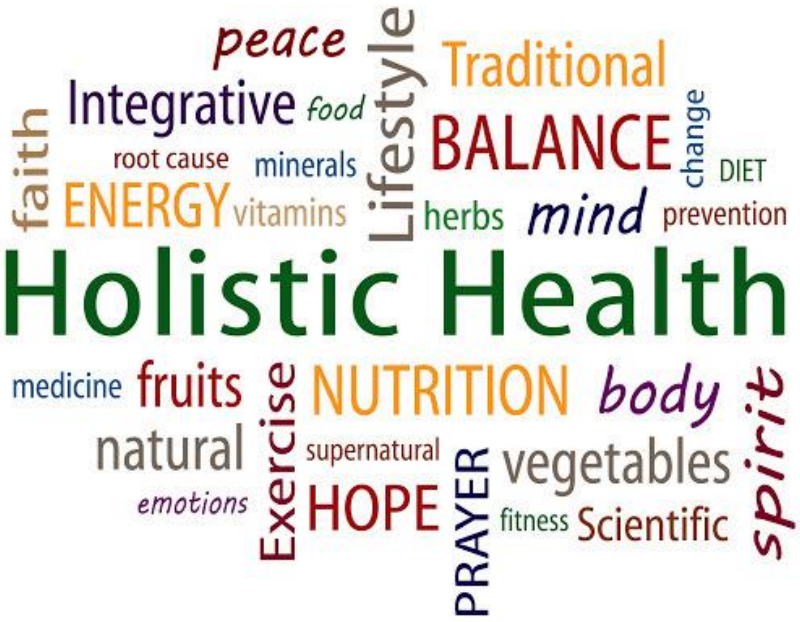
** Optional: *All client / patient information is strictly confidential and will never be released to a third party unless compelled to do so by law*

How did you find out about us?_____

Name of Person, Company, or other entity who referred you- if applicable:_____

Are there any "health & wellness" topics of interest to you that you would like to learn more about?

Are you interested in purchasing natural products locally or online that were hand picked and/or handcrafted by SMNH or attending classes / workshops at a local venue or online about health & wellness topics? Y N
If yes, what types?_____
_____
_____
_____

Thank You (Si Yu'us Må'åse') & Be Well!

~The Team at Suruhana Massage & Natural Healing