



Basic Information

Today's Date: _____

Full Name: _____ Date of Birth: _____ :

Address: _____

City/State/Zip: _____

Mobile Phone: _____ Email: _____

Occupation: _____ Employer: _____ :

What brings you to The Iron Bird Way?

What results would you like to receive from your session(s)?

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 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:

Anything else you want to share?

Please sign below to acknowledge the information above is accurate and to acknowledge that you will keep your practitioner apprised of any changes to your basic information or health history. Thank you!

Signature: _____ Date: _____

Printed Name: _____

Consent to Care and Liability Release

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

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 from the Thai tradition. Symptoms may include headache, dizziness, muscle soreness, minor burns, bruises and reaction to herbal products, among others.

You are in complete control of your session; if you feel any of these symptoms or are uncomfortable at any time, please inform your practitioner immediately so that adjustments can be made or the session can be discontinued.

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.

Thai bodywork sometimes requires close contact between client and practitioner and may involve more client/practitioner contact than many people have experienced in other massage/bodywork sessions. Your privacy and comfort will be completely respected at all times. If you feel uncomfortable at any time for any reason, please inform your practitioner immediately so that direct action to remedy the situation or to discontinue the session, according to mutual preference, can be taken.

Your Thai bodywork or wellness session will be conducted with the utmost confidentiality. Any personal 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 that you have both read and agree to the statements above.

Signature: _____ Date: _____

Printed Name: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

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.*

☐ Healthy History / Consent to Care / COVID-19 Protocols

- 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

☐ Payment / Gratuity

- 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

☐ Cancellation / Rescheduling / Arriving Late

- Cancellation notice is required 48 hours in advance
- Use the online system for scheduling, cancellations and rescheduling
- Sessions cannot be extended to accommodate late arrivals

☐ Sickness

- Please cancel your session as soon as you are aware of an infectious or contagious condition
- The 48-hour cancellation policy may be waived in the case of sickness

☐ Clothing / Masks

- Please wear clothes appropriate for movement, warmth and herbal applications
- At this time, masks in treatment are optional, unless specifically requested by your practitioner

☐ Service

- We reserve the right to refuse service to anyone at any time for any reason

Your signature indicates that you have both read and will adhere to The Iron Bird Way policies in full.

Signature: _____ Date: _____

Printed Name: _____