



the body politic
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Client Information Date of Initial visit _____

Name _____ Age/DOB _____

Address _____

Telephone (H) _____ (W) _____

(C) _____ Email _____

Occupation _____ Referred by _____

Sports/Hobbies _____

Previous Bodywork Experience _____

Goals for Today's Session _____

Are you presently under the care of a physician? If yes, may
I contact him/her? Name and # of Dr. _____

Please fully explain any and all physical, mental and/or emotion-
al issues that may affect today's session _____

This bodywork is non-sexual and is not a substitute for standard
medical care. The information above will be treated confidentially.

Signature _____