

## Client Information

First Name:		Date of birth:	
Last Name:		Referred by:	
Email Address:		Mobile Phone #	
Home Phone #		Work Phone #	
Street Address:		City:	
State:		Zip Code:	
Emergency contact name:		Physician's name:	
Emergency contact relationship:		Physician's phone #	
Emergency phone #		Date of initial visit:	
How would you rate your general health?		Have you had a professional massage before?	
Excellent	Fair	Good	Poor
		Yes <i>(Date of last treatment)</i>	No
List current medications & the conditions they are treating.		Please tell us about any allergies or hypersensitivities.	
List any major accidents or surgeries (including dates)		Reason for initial visit.	

## Disease History

### HEAD NECK



Headaches / migraines  
Ringing in ears  
Vision problems  
Vertigo / dizziness  
Hearing loss  
Vision loss

### NERVOUS SYSTEM



Sensory loss / change  
Sciatica  
Seizures  
Numbness / tingling  
Epilepsy  
Multiple sclerosis

### SKIN & INFECTIONS



Hepatitis  
HIV / AIDS  
Herpes  
Tuberculosis  
Lyme disease  
Infectious skin conditions

### MUSCULOSKELETAL SYSTEM



Arthritis  
Family history of arthritis  
Osteoporosis  
Tendonitis  
Bursitis  
Jaw pain (TMJ)  
Pins / plates / wires / artificial joint

### RESPIRATORY



Asthma  
Shortness of breath  
Chronic cough  
Bronchitis  
Emphysema  
Sinusitis  
Frequent colds  
Smoker

### REPRODUCTIVE



Impotence  
Erectile dysfunction  
Premature ejaculation  
Performance anxiety

### CARDIOVASCULAR



High blood pressure  
Low blood pressure  
Heart attack  
Stroke  
Family history of cardiovascular problems  
Heart disease  
Poor circulation  
Phlebitis / varicose veins  
Pacemaker  
Hemophilia  
Chronic congestive heart failure

### OTHER CONDITIONS



Cancer  
Diabetes  
Unexplained weight loss  
Digestive conditions  
Fibromyalgia  
Chronic fatigue syndrome  
Depression  
Anxiety  
Psychiatric disorder  
Other conditions

Do you suffer from any of the following ?		Yes	No
Increasingly frequent urges to urinate, especially at night?			
Lessening urinary volume and stream of flow? <i>(Start and Stop while urinating.)</i>			
Do you suffer from back pain?			
Loss of libido?			
Feeling sexually impotent? <i>(Erectile Dysfunction)</i> Not pleased with your erection.			
Do you out-perform yourself before you desire? <i>(Premature Ejaculation)</i>			
Have you been diagnosed with prostate or another form of cancer?			
Have male family members <i>(father, uncle, etc)</i> been diagnosed with prostate or another form of cancer?			
Have you had a DRE <i>(Digital Rectal Examination)</i> ?			
Results:	Positive      Negative		
Have you had a PSA <i>(Prostate Specific Antigen)</i> ?			
Score:			
Do you suffer or have been diagnosed with BHP <i>(Benign Prostatic Hypertrophy)</i> ?			
Do you have any other medical condition or are you taking any medications I should know about?			
Do you frequently suffer from stress?			
Do you have diabetes?			
Do you have high blood pressure?			
If "yes" to previous question, are you taking medication for this?			
Do you suffer from epilepsy or seizures?			
have you had a professional massage before?			

### Acknowledgement

I understand that my personal health information will be collected. I understand that all information that I provide will be kept confidential unless required by law. I understand and consent that my medical information may be shared by the various care providers involved in my care and treatment.

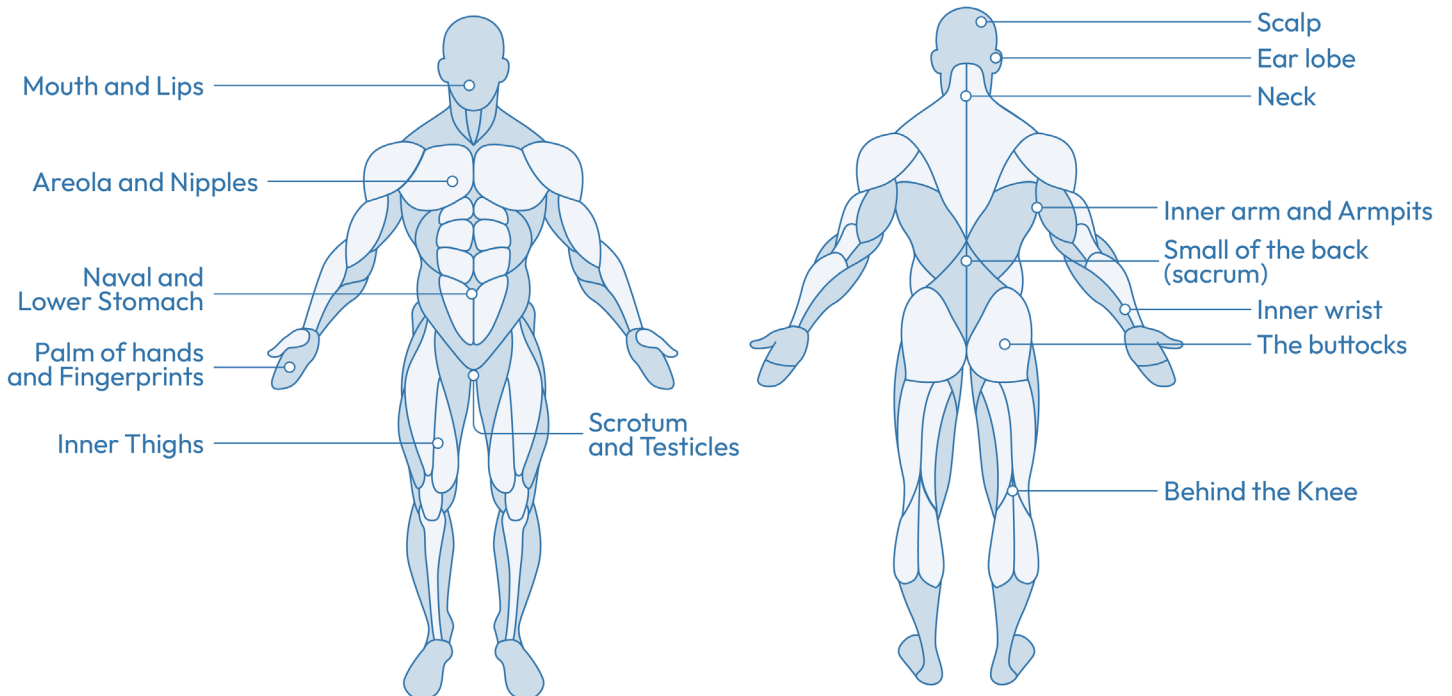
Treatments may be covered by extended health care plans. I understand that it is my responsibility to confirm the exact details of my coverage.

Please take a moment to carefully read the information you have been provided and sign where indicated. If you have a specific medical condition or symptom, certain treatments may be contraindicated. A referral from your primary care provider may be required prior to service being provided. Should you have questions, do not hesitate to communicate with your practitioner upon returning the completed form. Your signature acknowledges that you have read and agreed to the terms thereof.

Signature:

Date:

## THE ART AND SCIENCE OF THE MALE EROGENOUS ZONES



## Gentlemen Health:

### SPECIALIZING IN PELVIC HEALTH AND FITNESS FOR MEN OVER 50

In men under 40, these are usually related to prostatitis. In men over 50, usually **benign Prostatic hypertrophy (BHP)**, but may well be **Prostatic cancer**.

If you are experiencing any of the symptoms listed on the signed intake form, see your physician. **Prostatitis** is an inflammation of the prostate of non-specific origin. Nature-paths offer the best treatments usually. BHP will cause a **positive digital rectal exam (DRE)**, but the blood test called a **PSA** (for prostate specific antigen) will be normal. High PSAs indicate prostate cancer. All men over 50 should have regular prostate and rectal exams.

Benign Prostatic hypertrophy (BHP), while not cancerous, hardly feels “benign” to those who suffer from it! It is very common in men over 50. It is not an uncommon cause of impotence.

## What is an ejaculation?

An ejaculation is when semen is ejected from the tip of the penis. The semen carries the sperm cells out of a male's body.

In order for a male to ejaculate, he must first have an erection. Although ejaculations follow an erection, a male will have many erections that are not followed by ejaculations or orgasms. In fact, most erections are not followed by an ejaculation.

## What is an orgasm?

An orgasm is a physiological event that occurs at the highest point in sexual excitement and is usually associated with a wave of intense pleasure. During orgasm, both males and females experience involuntary muscle contractions. In males, contractions of the muscles of the prostate, vas deferens and seminal vesicles induce emission (movement of semen into the urethra) and sometimes ejaculation. Females experience rhythmic contractions of the vagina and uterus, thought to facilitate the transportation of sperm.

### Huh?

An orgasm is defined as the peak of sexual arousal when all the muscles that were tightened during sexual arousal relax, causing a very pleasurable feeling that may involve the **whole body**. During orgasm, the heart rate skyrockets, the breathing quickens, and blood pressure rates increase; muscles throughout the body spasms, but mostly those in the prostate, vagina, uterus, anus, and pelvic floor (low back).

To put it mildly, orgasms feel good. During orgasm, chemicals called endorphins are released into the bloodstream. They cause pleasant sensations to ripple through the body, but they also make many feel happy, giddy, flushed, warm, or sleepy.

## One More Time

An orgasm is a highly pleasurable, involuntary response to sexual stimulation. Orgasm is normally an intense physiological response as evidenced in the change of heartbeat, blood pressure and breathing. The difference between men and women is that generally women are physiologically capable of experiencing a fairly large number of orgasms in rapid succession.

## Orgasm truly defined

Organ Spasms. Characteristic of or appropriate to an organism's **healthy or normal functioning**.

## What is premature ejaculation?

Premature ejaculation (PE) means 'coming too quickly'. It's one of the commonest of all sexual problems.

Although it seems unlikely that blood pressure and premature ejaculation could be linked, they actually affect one another directly on many levels. Blood pressure abnormalities, such as hypertension (high blood pressure), can seriously contribute to weak erections and premature ejaculation. In addition, the stress and anxiety that comes with high blood pressure can make sex extremely difficult and make ejaculation control nearly impossible. Current traditional blood-pressure medication simply resolve blood pressure problems, but does not remedy the sexual difficulties that often times go hand in hand with the illness.

I understand that the Pro-State Massage Guidance I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that adjustments can be made to my level of comfort. I further understand that guidance, massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because guidance, massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.