

HEALTH HISTORY

Name _____ How did you find me? _____

Address _____ City _____ State _____ Zip _____

Cell (or best #) _____ Email address: _____ Birth Date: _____

Please complete the following:

What are you seeking treatment for today? _____

Do you have any of the following today? Inflammation _____ Severe Pain _____ Headache _____ Sunburn _____

Open cuts, bruises, burns _____ Cold or Flu _____ Irritated skin rash _____

Are you Pregnant? _____ Trimester: _____ Due Date: _____ Is pregnancy "high risk"? _____

Surgeries? _____ Recent injuries? _____

Check any of the following conditions you currently have or have experienced in the past:

In the last 72 hours: Fever _____ Chills _____ Body Aches _____ Heart problems _____ Diagnosis: _____

Flu _____ Skin conditions/allergies _____ Diagnosis: _____

Tested positive for: Epstein-barre _____ is it active? _____ Spinal problems _____ Diagnosis: _____

Tuberculosis _____ is it active? _____ Cancer _____ Diagnosis: _____

Osteoporosis _____ Diabetes _____ Arthritis _____ Surgery to correct eye-tracking problems _____

Hepatitis _____ Cerebral Aneurysm _____

HIV or AIDS _____ Skull fracture _____ Date _____

High Blood Pressure _____ Medication controlled _____ Hydrocephalus _____ with shunt _____ without shunt _____

Varicose veins _____ (these are not spider veins) Herniated brainstem _____

Blood clots _____ Cerebrospinal fluid leaks _____

Other Chronic Condition: _____ Diagnosis: _____

Additional information about your circumstances you'd like me to know: _____

Professional Services and Business Policies

Somatic or manual therapy refers to any number of techniques that involve improving your health by the specific application of the therapist’s hands. Modalities for which I have received advanced training include CranioSacral Therapy, Reiki, Massage Therapy, and others. All of the modalities are designed to help you be as healthy as possible using the least invasive means possible.

Professional Fees

My hourly fee is \$85. Payment is required at the time of the appointment, unless we agree otherwise. If your insurance covers manual therapy, I will be able to provide you with documentation of your appointment that you can submit to your insurance company for reimbursement. I do not file on insurance on your behalf, and I do not accept payment from your insurance. Should you need my services for other purposes including report writing or session records, it is my practice to charge the above fee on a prorated basis in 15 minute increments.

Confidentiality

In general, the confidentiality of all communications between a client and therapist is protected by law, and I can only release information about our work to others with your written permission. However there are some exceptions such as court order or for the sake of protection of self or others.

24-HOUR CANCELLATION POLICY

Payment is expected for appointments missed or cancelled within less than 24 hours advance notice except in cases of sudden illness or we both agree circumstances were beyond your control. Appointments of prepaid packages will be subtracted from the total.

TREATMENT ACKNOWLEDGEMENT

I understand the following:

- Various modalities may be applied including, but not limited to: CranioSacral Therapy, Swedish Massage, Deep Tissue Massage, Myofascial Release, Trigger Point Therapy, Polarity and Reiki.
- A Massage Therapist neither makes diagnosis nor treats illness or disease, or performs any spinal/skeletal manipulations and does not prescribe medications.
- I will be covered with sheets as appropriate for the treatment and only the areas that are treated will be uncovered during the treatment (This applies to Massage Therapy only as CranioSacral Therapy and Reiki don’t require disrobing).
- If at any time during the session I feel uncomfortable, I may request the therapist to stop the treatment immediately.
- I do not engage in breast massage of female clients.
- All prepaid services are non-refundable.

An individual who wishes to file a complaint against a massage therapist, a massage therapy school, a massage therapy instructor, or a massage therapy establishment may write to: Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369 or call 1-800-942-5540 to request the appropriate form or obtain more information. *This number is for complaints only.*

By signing below, you agree that you have read and understand the information stated in this document.

Printed Name _____

Client Signature _____ Date: _____

Therapist Signature _____ Date: _____