

**PATIENT INFORMATION, HEALTH HISTORY,
& CONSENT**

Name _____ Date _____
Email _____
Phone _____ Date of Birth ____/____/____
Address _____ City _____ State _____ Zip _____
Emergency Contact _____ Phone _____ Relation to You _____

Health History

What is your primary goal for Structural Integration bodywork today? _____

What long-term goals would you like bodywork treatment to help you achieve? _____

When and how did any current symptoms start? _____

Prior to this onset, were you free of these symptoms? Yes _____ No _____ Explain: _____

Have you had any previous or current treatment for this issue? Yes _____ No _____

If yes, what type of treatment? _____

Do you feel your previous treatment made it: (___) Better (___) Worse (___) Same

Have you received massage / bodywork before: Yes _____ No _____ How often? _____

What form(s) or style (s)? _____

Is there any region(s) of your body you do not want to be touched? _____

Are you currently receiving care from a healthcare professional (MD / ND / PT / Other)? Yes _____ No _____

If yes, please give their name and a brief explanation of the treatment. Name _____

Treatment: _____

Are you currently using any prescriptions, supplements, herbs or other medications? Yes _____ No _____

If yes, please list and explain purpose of each _____

Are you pregnant? Yes _____ No _____

Any allergies (please specify)? _____

Any skin conditions? _____

What is your occupation? _____

Common Work/Leisure Activities (e.g. extended sitting, standing, lifting, bending, driving, etc.) _____

How do your symptoms impact your daily functional abilities (e.g. sitting, standing, driving, sleeping, washing, house chores, athletics, caring for children, etc.)? _____

Injuries, Surgeries, Major Illnesses, and Health Conditions

Less than 5 years ago _____

More than 5 years ago _____

Other relevant health history? _____

Using the diagram, please **Circle** any areas of:

- Stress
- Pain
- Tension
- Numbness/Tingling
- Special Attention

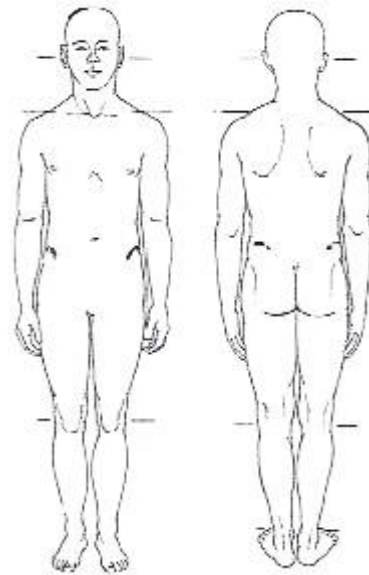
Please "X" any areas you don't want to be touched.
(Genitals are never touched.)

Are you experiencing headaches? _____

Average # headaches per week: _____

Do you have any numbness/tingling? _____

If yes, where? _____



Consent to Treatment

I have listed all my known medical conditions, and I understand it is my responsibility to notify the Structural Integration practitioner prior to treatment of any changes in my health condition as presented on this form. I give consent to treatment, and understand that modalities may include: assessments, manual therapy, self-care education, and movement awareness. I understand that a Structural Integration practitioner neither diagnoses nor prescribes for illness, disease, or any other medical, physical, or emotional disorder, nor performs any spinal manipulations. I understand that a Structural Integration practitioner does not provide medical advice nor prescribe exercise. I assume sole responsibility for anything I do based on information and opinions shared by the practitioner. If for any reason I feel my well-being is threatened or compromised or if I feel uncomfortable during the session, I agree to notify the practitioner. I acknowledge I have full authority and responsibility, regardless of the reason, to determine if and when I may want the treatment paused, changed, or stopped. I agree to speak with my practitioner each session about any concerns, considerations, limitations or exclusions, alterations/variations I may wish to be addressed/honored during that session. I understand the practitioner reserves the right to refuse services for reasons of safety, or should my needs exceed the practitioner's knowledge, skill and abilities, or scope of practice. I release and hold harmless Bellingham Yoga Collective, LLC and Caroline Snijder van Wissenkerke, LMT from any and all claims, demands, suits, or causes of action relating to Structural Integration, massage therapy, or movement education activities, for personal injury, property damage, costs, liabilities, or loss of any kind arising directly or indirectly from my participation in the aforementioned activities.

By signing here, I demonstrate my agreement to the above statements _____.

Consent for Draping Variances

My work usually involves using skin-to-skin contact. I provide draping according to professional standards. Draping refers to the coverage of a client by clothes or linens. WA state law requires that the following areas will not be exposed during a massage: breasts/chest, genitals, and gluteal cleft, with the exception that the breast/chest drape may be removed ONLY with prior informed verbal and signed written consent.

It is my policy that those who own breasts will have their breasts covered during sessions. I reserve the right to require draping/ coverage even if consent is given to be bare-chested.

_____ Initial here to signify you consent and prefer to be bare-chested during sessions and any associated activities, if appropriate to the goals of the treatment. Your consent may be verbally revoked at any time, for any reason.

OR

_____ Initial here to signify you prefer to have your chest draped and covered during sessions and any associated activities.

With respect to draping and coverage, please sign below to demonstrate your agreement to the following statements:

- I understand the need for proper draping during sessions.
- I understand draping and coverage apply to when I am on the table or when I am standing or walking around as part of the session.
- I understand I am responsible for wearing, at a minimum, an undergarment or shorts on my lower body.
- I understand an article of clothing may be used as a drape for my upper body.

Patient signature: _____.

Consent to Touch

Structural Integration and massage therapy involve physical touch. In order to achieve treatment goals, I may deem it appropriate to work on or near breast/ chest tissue, regions around the pelvis such as the inner thigh, groin, buttocks, belly, areas around the face, neck, and throat, and any other body region. As a primary exception to this, the nipples, genitals, and gluteal cleft below the tailbone will NEVER be touched. At any time before and during treatment, you may revoke consent to be touched in any region of your body.

Please indicate any variances to consent to touch that you wish me to know about at this time:

Notice of Privacy Practices

In order to provide safe and effective Structural Integration and massage therapy, I collect personal and health information from you. You may request, in writing, to view or obtain a copy of your records. To protect your privacy, your information is never shared without your written consent, unless compelled or required by law. Client case information may be discussed with other health care providers only with written permission of the client.

If you feel that your privacy has been violated, please contact Caroline Snijder van Wissenkerke, LMT, at carolinesvw@gmail.com or (206) 947-1298. If concerns or complaints cannot be resolved directly, you may file a complaint with the Secretary of the Department of Health and Human Services at HHS.gov. There is no penalty for filing a complaint.

Policies

1. Sessions include time spent filling out new patient intake forms, evaluating health history, and making a treatment plan.
2. If you are late to an appointment, you will still be charged for the full session you booked regardless of whether I have time to go over or not.
3. If I am late, we will complete the amount of time booked either that day or at a later time.
4. If you must cancel an appointment, please allow 24 hours notice to reschedule or you will be charged for that appointment (with exception for emergencies). I accept cancellations by phone only.
5. If I must cancel and reschedule an appointment due to illness or an emergency, I will call to do so as soon as possible. If I ever fail to show for an appointment, I will provide the rescheduled session free of charge.

Do you agree to these policies? Yes _____ No _____

By signing here I grant consent for Structural Integration bodywork and massage therapy. I understand my responsibility to report changes in my health and to give feedback during treatment so the practitioner and I can work together as a team to optimize my experience.

Print Name _____ Signature _____ Date _____