Aligned Body Integration, LLC

Client Consent and Health Intake Form:

Please print, it is important that all information is clearly legible!

Name (first):_____(last):_____

Telephone: _____

Email: _____ Subscribe to the mailing list: Yes ☐ No ☐

Emergency Contact: _____ Relationship: _____ Telephone: _____

How did you hear about Aligned Body Integration?_____

I (print name)_____ (Client) understand that the purpose of Rolfing® Structural Integration, Lymphatic Drainage Therapy, and/or Reiki (Bodywork) is to balance and restore the body. This is done through direct physical touch and body-centered education. I further understand that Bodywork is not involved with the treatment of disease of any kind; nor does it substitute for medical diagnosis or treatment. I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not a basic goal of Bodywork.

A Certified Rolfer™, LDT (Therapist) or Reiki Master does not treat, prescribe or diagnose illness, disease, any physical or other related ailment of the person seeking Bodywork. Nothing said or done by the Therapist should be understood as counter to this statement.

- I understand it is necessary for the Therapist to touch my body in an appropriate manner, and that my body will be properly draped at all times.
- I as the Client agree to provide complete and accurate health information and notice of health changes at any and all appointments following the initial intake.
- I will immediately inform my Therapist of any unusual sensations or discomfort so that the application of pressure or stokes may be adjusted to my levels of comfort.
- I understand that Bodywork sessions are not sexually oriented in any way and that any illicit or suggestive remarks or behaviors on my part will result in immediate termination of the session.
- I understand that by signing this form I have given my consent to receive the treatment discussed in this and all future sessions and agree that my presence at subsequent sessions shall be construed to be validation of the written consent. I further understand that I may at any time revoke such permission and consent, and can choose to discontinue the session and series of Bodywork.
- I acknowledge I was given the opportunity to ask any questions concerning my treatment and declined unwanted treatments.

- I have read this form and hereby freely give my permission to receive Bodywork.

Sign: _____ *Date*: _____

Client Intake Form:

This form is used as a guideline for further discussion about your health and goals. Its accuracy is an important part of your care.

Age: _____ DOB: _____ Gender: _____

Are you currently under the care of a medical physician, chiropractor, or other provider? Yes ☐ No ☐

Provider's name and or business name: _____

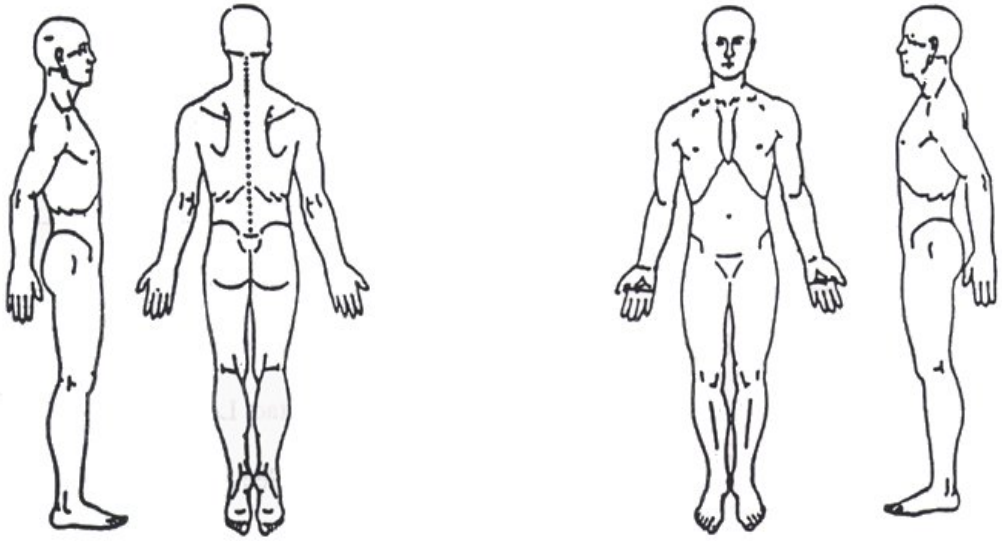
Previous bodywork received: ☐ Rolfing® ☐ Chiropractic ☐ Physical Therapy ☐ Personal Trainer

☐ Massage ☐ Acupuncture ☐ Osteopathy ☐ Craniosacral Therapy ☐ Other: _____

What would you like to achieve through Bodywork?

_____

_____



On the above diagrams please indicate: **P** areas of pain; **I** sites of injury; **D** discomfort

Describe what you are experiencing: onset, duration, frequency, symptomatic patterns, etc:

_____

_____

_____

_____

List **ALL** surgeries including cosmetic and plastics you have received and dates:

_____

_____

_____

_____

Are you experiencing any of the following conditions? Please indicate **P** for past; **C** for current:

____ Heart condition	____ High blood pressure	____ Hemophilia	____ Diabetes
____ Respiratory problems	____ Low blood pressure	____ Convulsions	____ Cancer
____ Circulatory problems	____ Digestive problems	____ Mental Illness	
____ Poor sleep	____ Inflammatory condition	Other: _____	

Please describe any of the above, including approximate dates of condition and treatment:

_____

_____

_____

What medication(s) have you taken during the last six months, please include herbal treatments?

_____ _____

_____ _____

_____ _____

In what activities do you regularly participate (athletics, hobbies, groups, etc.)?

_____

_____

Provide additional information relevant to your current physical condition, lifestyle, or goals:

_____

_____

_____

_____

_____

_____

I certify that the above is complete and accurate. *Sign*: _____ *Date*: _____