

RejuVitize

Engineered Bodywork & Healthcare

Intake Form – CONFIDENTIAL INFORMATION

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name _____ Date of birth _____

Address _____

State _____ City _____ Home Phone _____

Work Phone _____ Occupation _____

Email address _____

How did you hear about us? _____

Have you ever received massage, bodywork, cupping, Rolf Structural Integration, metal toolwork therapies or homeopathy? _____ Yes _____ No

If yes, type of treatments received:

Are you currently taking medications? _____ Yes _____ No

If yes, please list name and reason for medications _____

Are you currently seeing a healthcare professional? _____ Yes _____ No

If yes, list name and reason or treatment:

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

- | | |
|---|--|
| <input type="checkbox"/> arthritis | <input type="checkbox"/> depression, panic disorder, other psych condition |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> diverticulitis |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> headaches |
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> heart conditions |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> back problems |
| <input type="checkbox"/> cancer | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> constipation/diarrhea | <input type="checkbox"/> muscle strain/sprain |
| <input type="checkbox"/> auto-immune condition* | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> hepatitis (A, B, C, other) | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> skin conditions | <input type="checkbox"/> seizures |
| <input type="checkbox"/> stroke | <input type="checkbox"/> whiplash |
| <input type="checkbox"/> surgery | <input type="checkbox"/> chemical dependency (alcohol, drugs) |
| <input type="checkbox"/> TMJ disorder | |

(*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is anything else to share,

please do so: _____

Do you have any of the following today:

_____ skin rash _____ cold/flu _____ open cuts _____ severe pain
_____ anything contagious _____ injuries/bruises

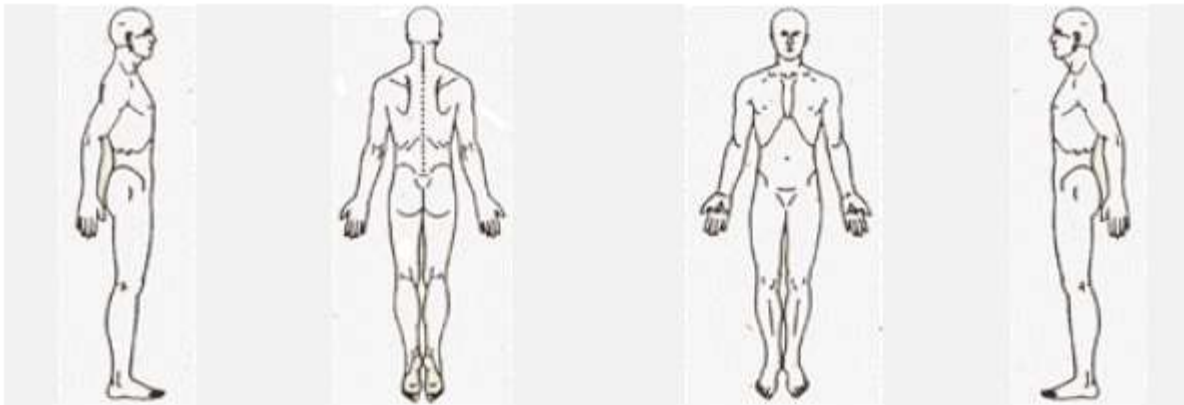
Do you have any allergies to:

_____ medications _____ foods (nuts, etc.)
_____ environmental allergens (dust, pollen, fragrances)
_____ reactions to skin care products

If any of the above are checked, please give details: _____

Are you wearing: _____ contact lenses _____ hearing aid _____ hairpiece

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session? _____

Please read the following and sign below:

1. Engineered bodywork is not a substitute for medical examination, diagnosis or treatment.
2. Since any type of massage or bodywork should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
3. Engineered bodywork uses therapeutic techniques (Cupping, Myofascial Gua Sha, Rolf Structural Integration, Stephenson's Method, Somatic movements or homeopathy) to relieve pain, tension, scarring and congestion. These techniques typically loosen muscle tissue, draw up congestion or toxins which are moved to allow healing and fresh lymph circulation. There is the possibility of skin discoloration, from the raised cellular debris or Sha. This usually dissipates in a few hours or over the next 3-7 days. The time span typically depends on the efficiency of the individual's unique circulatory system.
4. It is important to drink plenty of water and avoid vigorous exercise or extreme temperatures (hot/cold showers, saunas, hot tubs) for 24 hours after treatment.
5. I hereby give my consent and accept any medical/health risks or skin discoloration/markings related to the Engineered Bodywork treatments.

Signature: _____ Date _____