

Confidential Intake Form

Harmonize, LLC

Contact Information

Name: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

DOB: ____ / ____ / ____ Whom may I thank for referring you? _____

Emergency Contact

Whom should I contact in an emergency? _____

Phone #: _____ Relationship to you: _____

Health and Lifestyle

Have you received bodywork in the past? Yes No If yes, what kinds and how often? _____

Do you wear contacts? Yes No Do you wear Dentures? Yes No

What are your children's names and ages (if applicable)? _____

Please list any medications, supplements or herbs you are currently taking: _____

How is your sleep? _____

If you exercise, what type(s) of exercise do you do and how often? _____

Do you regularly perform physically demanding or straining tasks (i.e. childrearing, typing, bodywork, physical labor, etc.)? If yes, what? _____

What brought you in for bodywork today? _____

Please Turn Over→

Please check under the letter C any of the following conditions that currently apply to you and under the letter P any conditions that you have experienced in the past:

C P

- Allergies to Nut Oils
- Anxiety
- Autoimmune Disease(s)
- Blood Clots
- Bruising
- Bursitis
- Cancer
- Car Accident(s)
- Chemical Dependency
- Chemical Sensitivity
- Chronic Pain
- Circulatory Problems
- Depression
- Diabetes
- Dizziness
- Headaches

C P

- Heart Attack
- High Blood Pressure
- Joint Problems
- Low Back/ Sacral Pain
- Muscle Sprain or Strain
- Neck/ Shoulder Tension
- Osteoporosis
- Physical, Emotional or Sexual Abuse
- Recent Surgery
- Respiratory Problems
- Seizures
- Skin Conditions or Infections
- Stroke
- Varicose Veins
- Vertebral Disc Problems
- Other: _____

If applicable, please list the dates of any current or past pregnancies: _____

Is there anything else you would like me to know? _____

Consent to Treatment

To the best of my knowledge, this form is accurate and complete. I have disclosed all known health conditions and will inform Kristy of any changes in my health status at the beginning of future appointments. I consent to treatment.

Signature: _____ Date: _____

Harmonize Bodywork™ Informed Consent

I, _____, understand that massage therapy provided by Kristy Geffen is intended to enhance relaxation, reduce pain caused by muscle tension and adhesions, increase range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes of our work together are specified below:

I understand that massage therapy is recommended as an adjunctive healthcare and that it is not diagnostic and it does not replace medical care from a primary care provider. The treatment procedure and possible contraindications have been explained to me.

I will pay for my session in full at the time of service via cash or check unless Kristy is billing my insurance company. If I am using insurance to cover the cost of treatment, I give my consent to Kristy Geffen to share my chart notes with my insurance company. I understand that if I cancel with less than 24-hours notice I will be charged for my session, except in the case of an emergency or illness. I will not receive treatment if I have a cold or flu. If I arrive late to my appointment, I understand that the appointment will still end at the scheduled time, and I will pay for my appointment in full.

I am aware that all information shared with Kristy during my bodywork session is completely confidential. Exceptions include:

- If I have given Kristy consent to share my chart notes with my insurance company
- If I share that myself or someone I know is currently being hurt, or is in danger of being hurt

I understand that I do not have to try bodywork techniques/procedures or receive bodywork in parts of my body that I feel hesitant, unsafe or unsure about. According to Oregon state law, Kristy will keep genitalia and breasts draped at all times unless I have requested therapeutic breast massage. I am aware that I can terminate a session or end our therapeutic relationship at any time, at my own discretion.

Signature

Date

Kristy Geffen, LMT, RPP
(503) 312-5878

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