

Child Intake Form

Harmonize, LLC

Contact Information

Child's Name: _____

DOB: _____ / _____ / _____ Age: _____

Parent/Legal Guardian Name(s): _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Whom may I thank for referring you? _____

Emergency Contact

Whom should I contact in an emergency? _____

Phone #: _____ Relationship to you: _____

Health and Lifestyle

Has your child received bodywork in the past (i.e. chiropractic, massage, physical therapy, acupuncture)? Yes No If yes, what kinds and how often? _____

Please list any medications, supplements or herbs your child is currently taking: _____

How is your child's sleep? _____

Bedtime: _____ Wake up time: _____

How much physical activity does your child get in an average day? _____

What are some of your child's favorite activities? _____

Does your child have any nut allergies? Yes No If yes, please list: _____

Please Turn Over →

What brings your child in for bodywork today? _____

Please circle any of the following conditions that apply to your child currently or in the past:

General:	headache	fatigue/weakness	dizziness
Skin:	rashes	eczema	psoriasis
	dry skin	night sweats	itching
Ears:	pain	itching	discharge
	infection	impaired hearing	redness
Nose:	pain	itching	stiffness
	runny nose	frequent nosebleeds	sinus problems
Neck:	pain	stiffness	lumps
	swollen glands	prefers to turn head mostly in one direction	
Respiratory:		wheezing/asthma	shortness of breath
Gastrointestinal:		feeding problems	constipation
	frequent diarrhea	abdominal pain	excessive gas
Muskuloskeletal:		Joint pain/redness/swelling	
	hernia	muscle soreness or tension	
Peripheral Vascular:		leg cramps	deep leg pain
	cold hands/ feet	numbness/tingling	
Blood:	easy bruising	heart condition	circulatory condition
Emotional:	anxiety	frequent crying	frequent tantrums
	afraid often	colicky/fussy/cranky	

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 child's health status at the beginning of future appointments. I consent for my child to receive treatment.

Parent/ Guardian 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 Kristy's work with my child 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 child's 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 child's chart notes with my insurance company. I understand that if I cancel with less than 24-hours notice I will be charged for my child's session, except in the case of an emergency or illness. My child will not receive treatment if she or he has a cold or flu. If we arrive late to my child's appointment, I understand that the appointment will still end at the scheduled time, and I will pay for my child's appointment in full.

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

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

I understand that my child does not have to try bodywork techniques/procedures or receive bodywork in parts of her or his body that she or he feels hesitant, unsafe or unsure about. According to Oregon state law, Kristy will keep genitalia and breasts draped at all times unless my child is prepubescent and would benefit from chest massage. I am aware that my child or myself can terminate a session or end our therapeutic relationship at any time, at our own discretion.

Child's Name

My Relationship to Child

Parent/ Guardian Signature

Date

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

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