Eastside Bodywork LLC
Injury and Pain Resolution
WA License # MA 60486695

Welcome to Eastside Bodywork!

Please fill out the forms in this package and bring them with you to your appointment. If you're unable to fill out the forms, please plan on arriving 15 minutes before your scheduled appointment time.

The office is located at:

11417 124th Ave NE
Kirkland, WA 98033
(425) 236-9900
Suite 101 is on the first floor, second door on your left.
There is ample free parking outside the building.

Manual Neurotherapy sessions – No lotion/Fully clothed:

Neuromuscular modalities are being applied as 'dry modalities' (no oil or lotion is being used) while you are fully clothed. **Please do not wear any body lotion or oils on the day of your session!**

I ask that you to bring appropriate, loose fitting clothing to the appointment. For instance, women can wear a sports bra, bathing suit top, or tank top along with a loose-fitting pair of athletic shorts, or a bathing suit bottom. A loose-fitting T-shirt can also be worn if you don't mind it getting stretched out a bit. Men are usually comfortable in just a pair of loose fitting shorts. If you have specific concerns in this area, please do not hesitate to let me know. Draping is always an option!

Massage Therapy sessions

During a regular massage session I will ask you to remove your clothing to your level of comfort and lie down on the table under the top sheet and blanket. During the session I will uncover only the part of the body that's being massaged, insuring that modesty is respected at all times.

Our Policies: *I understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all of our clients I have adopted the following policies*

Cancellation:
Please let me know at least 24 hours prior to your scheduled appointment if you have to cancel. This gives me the opportunity to offer your spot to another client. Last minute cancellations and no-shows will result in full service charges or voidance of gift certificates. Cases of extreme emergency might be considered exceptions.

Arriving late:
Appointment times have been arranged specifically for you. If you arrive late, your session may have to be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, I will determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the full session that you had originally booked.

Payment: Full payment is due at the time of treatment. I accept cash, check, and credit cards.

Thank you for choosing Eastside Bodywork for your treatment!

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Client intake form

Date of initial visit: _____

PERSONAL INFORMATION

Name
_____
Address
_____
City State ZIP
_____
Home phone cell phone
_____
Email
_____
DOB:
_____
Occupation
_____
Marital status
_____
Referred by
_____
Emergency contact name phone number
_____
Primary physician phone number
_____

GOALS FOR TREATMENT/PRIMARY COMPLAINT:

_____

_____

PREVIOUS TREATMENT

Have you had treatment for this condition before? Y ❑ N❑

If yes, what types of care did you seek?
_____

HEALTH HISTORY

Musculoskeletal

__ bone or joint disease
__ tendonitis/bursitis
__ arthritis/gout
__ jaw pain (TMJ)
__ lupus
__ spinal problems
__ migraines/headaches
__ osteoporosis

Circulatory

__ heart condition
__ varicose veins/phlebitis
__ blood clots
__ high/low blood pressure
__ lymphedema
__ thrombosis/embolism

Pregnancy

Are you pregnant? Y ❑ N❑
If yes, how many weeks? _____

Respiratory

__ breathing difficulty/asthma
__ emphysema
__ allergies, please specify:
_____
__ sinus problems

Nervous System

__ numbness/tingling
__ chronic pain
__ pinched nerve
__ paralysis
__ shingles
__ multiple sklerosis
__ parkinson's disease

Psychological

__ anxiety
__ depression
__ stress syndrome

CURRENT HEALTH

Do you exercise regularly and/or participate in any sports? Y ❑ N❑

If yes, what kind of exercise/sports? _____

Do you perform any repetitive movement in your work/sport/hobby? Y ❑ N❑

If yes, describe _____

Do you sit for long hours at a workstation, computer or driving? Y ❑ N❑

If yes, describe _____

Do you experience stress in your work, family or other aspect of your life? Y ❑ N❑

If yes, describe _____
_____

Are you experiencing tension, stiffness, discomfort or pain? Y ❑ N❑

If yes, describe _____
_____

Have you recently had an accident, injury, surgery, or areas of inflammation? Y ❑ N❑

If yes, describe _____
_____

List any medications you are currently taking: _____
_____

List any known allergies: _____

Skin

__ allergies, specifiy
_____
__ rashes
__ athlete's foot
__ herpes/cold sores

Digestive

__ irritable bowel syndrome
__ bladder/kidney ailment
__ ulcers
__ crohn's disease
__ colitis

Cancer

Have you ever had cancer? Y ❑ N❑
If yes, specify: _____
_____

Have you had any lymph nodes removed?
Y ❑ N❑ _____
_____

Other

__ diabetes, Type 1
__ Type 2
__ drug/alcohol/tobacco use

Are you wearing:
__ contact lenses
__ dentures
__ hearing aids
__ a wig

Any other medical condition(s) not listed? _____
_____
_____

Please explain any of the conditions you have marked above: _____
_____
_____
_____

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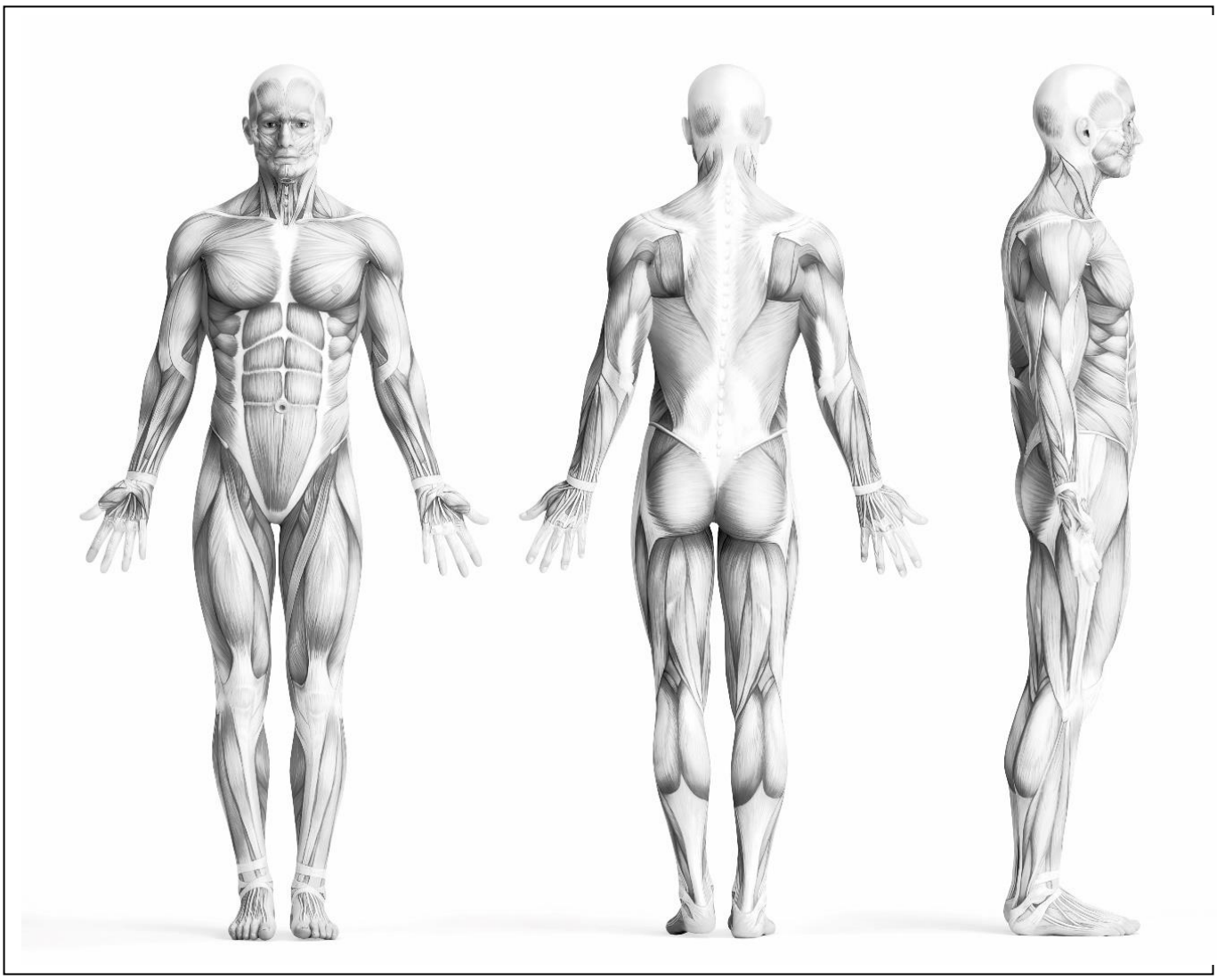
Please indicate all areas of pain/tension/restriction and your SCARS on the shapes below.



Is there anything you would like to add or clarify?

_____

_____

_____

_____

_____

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Please list <u>ANY</u> accident(s) you have had in your life (even if they seem unrelated to your primary complaint). This includes car accidents, falls, body impacts (e.g. from sports):

_____

_____

_____

_____

Please list <u>ANY</u> scars you have on your body (even small scars such as from mole removals):

_____

_____

_____

_____

Please list <u>ALL</u> surgeries you have had in your life (no matter how ago):

_____

_____

_____

_____

What is your pain level today (for your primary complaint) on a scale of 1-10 with 10 being the worst pain possible:

_____

What is your pain level today (for secondary complaints) on a scale of 1-10 with 10 being the worst pain possible:

_____

_____

_____

_____

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Have you ever been intubated? Y ❑ N❑ _____

Have you ever suffered from whiplash? Y ❑ N❑ _____

Did you ever fracture a bone? Y ❑ N❑ _____

Did you ever tear a ligament? Y ❑ N❑ _____

Do you have a history of ankle sprains? Y ❑ N❑ _____

Do you have children? Y ❑ N❑ _____

For female clients, if yes, did you have a ❑ Vaginal Birth or ❑ C-Section?

If vaginal birth, did you have an ❑ Episiotomy or ❑ Tearing?

Do you clench your jaw? Y ❑ N❑ _____

Do you have food allergies/sensitivities? Y ❑ N❑ _____

_____

How is your digestion? Regular ❑ Irregular ❑ Constipated ❑ Diarrhea ❑

When you wake up in the morning are you feeling Refreshed ❑ Exhausted ❑

Mid-afternoon are you feeling Fine ❑ Exhausted ❑

Have there been times of extreme/exceptional stress in your life? If so, when?

_____

_____

_____

Is there anything else I should know about you or your medical history?

_____

_____

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I understand that the soft-tissue therapy I receive is provided for the purpose of muscular tension relief, stress reduction, improvement of circulation, and relaxation. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that the services offered today and in the future are not a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of.

I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions on the intake form and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

I understand that all massage therapy and bodywork offered is strictly non-sexual. I also understand that ANY illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I understand that full payment is due at the time of treatment. I agree to give 24 hours notice of cancellation for any appointment I have scheduled. If less than 24 hours notice is given, I agree to pay in full for the missed appointment. Cases of extreme emergency are considered exceptions.

I have carefully read and understand all of the above and have answered all questions fully and accurately.

_____ _____

Signature of client Date

VIDEO/PHOTOGRAPHY CONSENT FORM: Treatment at Eastside Bodywork may include the capture of video or still photography to document client's progress (posture, range of motion, movement) and may serve as supporting material for self-care exercises at home (movement instruction). Videos and/or still photographs will never be shared with anybody other than the client and the therapist unless specific permission is granted by the client.

Consent to be videotaped/photographed: _____

Signature of client

I do **NOT** wish to be photographed or videotaped. ☐

_____

Signature of therapist