



## INTAKE FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact #: (\_\_\_\_) \_\_\_\_\_

How did you hear about us \_\_\_\_\_

Blood thinners: **Y** or **N** Blood clots: **Y** or **N** Blood pressure medication: **Y** or **N**

Contagious skin rash: **Y** or **N** Cold Sores/Fever Blisters/Herpes: **Y** or **N**

Auto Immune: **Y** or **N** If yes, what? \_\_\_\_\_

Lyme Disease: **Y** or **N** Osteoporosis/osteopenia: **Y** or **N** Pregnant: **Y** or **N**

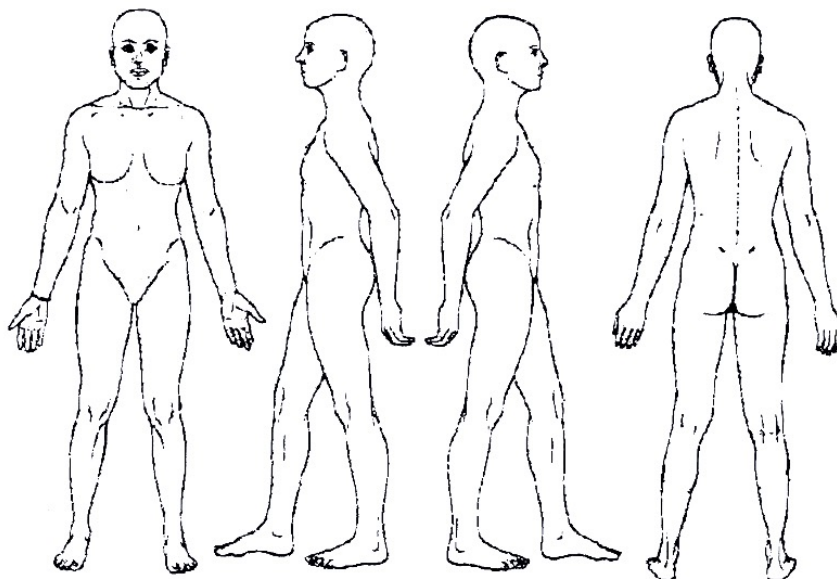
HIV/AIDS: **Y** or **N** Joint Replacement: **Y** or **N** If yes, what, where, and when?

\_\_\_\_\_

Allergic to latex or other type of medical glove: **Y** or **N** If yes, what?

### WHERE IS YOUR CURRENT PAIN:

What are you experiencing? (For example: stabbing, burning, electricity, numbness, itching, shocking, sore, tight, pulling)



How did it start? What makes it better? What makes it worse?

Please list all surgeries with correlating dates (including C-section, Organ removal, implants, stents, rods, fusions, and cosmetic):

Please list all injections with correlating dates including steroids, stem cells, PRP, and lidocaine. Please note that it is advised to wait two weeks after an injection to massage the specific injection site.

What other therapies have you tried or are currently engaged in for this problem?

Do you exercise or play sports? If so, what do you do, and how often?

What are your hobbies?

What is your goal for today?

**PLEASE CHECK ALL THAT APPLY:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Low blood Pressure                                | <input type="checkbox"/> Scoliosis, kyphosis, lordosis | <input type="checkbox"/> Neuropathy        |
| <input type="checkbox"/> High blood pressure                               | <input type="checkbox"/> Headaches/ migraines          | <input type="checkbox"/> Thoracic Outlet   |
| <input type="checkbox"/> Difficulty taking a deep breath                   | <input type="checkbox"/> TMJ                           | <input type="checkbox"/> Carpal Tunnel     |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Parasites                     | <input type="checkbox"/> Sciatica          |
| <input type="checkbox"/> Anxiety   | <input type="checkbox"/> Difficulty swallowing         | <input type="checkbox"/> Plantar Fasciitis |
| <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Thyroid disease               | <input type="checkbox"/> Arthritis         |
| <input type="checkbox"/> MS  | <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Cancer            |
| <input type="checkbox"/> Stroke  | <input type="checkbox"/> Skin rash, eczema, psoriasis  | <input type="checkbox"/> Hepatitis         |
| <input type="checkbox"/> Contagious skin disease, warts, fungus, jock itch |  |  |

## INFORMED CONCENT

Neurosomatic Therapy utilizes manual massage techniques, thermal devices, and mechanical appliances to manipulate the soft tissue of the body. Clients may experience soreness, bruising, fatigue, and change in range of motion after the session. It is advised NOT to exercise the targeted area for 48 hours post treatment to allow the

muscle time to recover. A 'ricochet' effect may be experienced post treatment, most commonly occurring after the first session. This happens when one muscle lets go and another muscle tightens up for stability. Change, sometimes, can be uncomfortable. The ultimate goal is to reduce muscle tension throughout the entire body, but it does take a few sessions to get there.

I am aware of potential risks and side effects.

Client Signature \_\_\_\_\_

## CANCELLATION POLICY:

As a one on one practitioner, my time is what I have to sell. Please understand that there are only so many time slots I have to offer each week, and there are a lot of people suffering in pain. With adequate notice, these time slots are easily filled. If you need to cancel or reschedule an appointment, please let me know as soon as possible.

If an appointment is canceled less than 24 hours in advance of said appointment time **for any reason**, the full amount of the appointment will be charged to the card on file.

Client Signature \_\_\_\_\_