

Confidential Health Profile

name _____ date of birth _____

mailing address _____ city _____ state _____ zip _____

home phone _____ work phone _____ cell _____ email address _____

Which number do you prefer me to call during the daytime? (home / work / cell)

Emergency contact _____ phone _____

What is your occupation? _____

What do you do for exercise? _____

What are your main reasons for seeking structural integration / bodywork? _____

On a scale of one to ten, what is your current level of physical health? (circle number)

1 2 3 4 5 6 7 8 9 10
(most days challenging) (most days good) (most days great)

Has there been any change to your health in the last year?

Please explain: _____

What is your injury history? (including broken bones, severe sprains, surgery, auto accidents, sports injuries, repetitive stress)

Head: _____

Neck: _____

Spine: _____

Shoulders: _____

Hands/Wrists/Elbows: _____

Hips: _____

Knees: _____

Feet/Ankles: _____

Please list any other injuries or surgeries, including hernia repair, hysterectomy, breast surgery (people sometimes forget to mention these): _____

Areas of numbness, aching pain, or stabbing pain? _____

Areas particularly pressure sensitive? _____

Any mental/emotional health issues you feel are relevant and wish to share? _____

Other significant sources of stress? _____

Do you bruise easily? (yes / no)

How much water do you drink a day? (# of glasses _____)

Are you pregnant, or will you soon be trying to get pregnant? (yes / no)

Other Medical History:

	past	currently	never
Headaches (reoccurring or severe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or seizures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other circulatory or cardiac problems _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint swelling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other autoimmune disorder (including Crohn's disease, Lupus) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable bowel syndrome or other gastro-intestinal issues _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food allergies or food sensitivities _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other allergies requiring medication _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any **other medical condition** not listed above? _____

Are you currently under a **physician's care** for any condition? _____

Please list any conditions for which you take **medication**: _____

I understand that the structural integration/manual therapy I receive is for the purpose of relieving myofascial tension or soft tissue restriction, to help balance posture or improve range of motion, and/or for movement education; it is neither diagnosis nor treatment for any condition, nor a substitute for medical attention when needed. Although structural integration can be remarkably effective for relieving chronic pain patterns of a structural nature, it is not intended to be "curative" for any disease or condition, and is not a "first aid" remedy for recent injury. If I have a "hot" or inflammatory disease or a recent injury, I will discuss with my practitioner when and if it is appropriate or contraindicated to receive manual therapy or structural integration.

During a structural integration session, the practitioner may ask me to move in certain ways while she is contacting certain tissues. The process of working with the myofascia can involve some burning-type sensation, like a yoga stretch for long-unused muscles. I will inform my practitioner if the work seems to be causing pain which is of a sharp nature or is in any way unbearable i will immediately let my practitioner know so that she can adjust her pressure and technique accordingly. Occasionally, myofascial techniques will cause some minor bruising, and localized minor soreness is commonplace for a day or two after a session.

If there is a history of trauma, either physical or emotional, working with the body to release restricted tissues or restore normal movement can bring up uncomfortable emotions. When undergoing a series of structural integration sessions, it is also not unusual to experience odd physical or emotional feelings between sessions. If old long-forgotten pains resurface for a time, it is usually a positive sign that the process of unwinding is well underway. I understand that my practitioner is trained to sensitively work with me when such feelings come up, in particular as they relate to body sensation and structure and felt sense of self, and I recognize that my structural integration practitioner is not a trained psychologist or mental health counselor. I will let my practitioner know if anything I experience in conjunction with our work together is difficult for me to process, or if it is causing me great distress or concern, so that we/she can adjust the work to the right intensity and pace for me. I understand that my practitioner is also able to offer referrals or suggestions for mental health or somatic practitioners.

Manual therapy/structural integration should not be performed or should be modified according to certain medical conditions. With this understanding, I affirm that to the best of my knowledge I have stated all my known medical conditions and answered all questions honestly. I understand that massage therapists/structural integration practitioners are not qualified to perform spinal and skeletal adjustments, diagnose, prescribe, nor treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. I agree to keep my practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Client's signature _____ Date _____

Consent to treatment of minor:

By my signature below, I hereby authorize Kirstin Schumaker to administer massage or structural integration techniques to my child or dependent. I agree to stay for the full length of my child's sessions, either in the massage room or in the waiting room.

Signature of parent or guardian _____ Date _____