

Awakenings³ Bodywork, LLC
160 E. 12th St., Suite 1; Durango, CO 81301
970-799-7917

Welcome to Awakenings³ Bodywork. We look forward to working with you to improve your health and wellness. Please take some time to complete this form and we will talk about your concerns during your initial session.

Name: _____ Date: ____/____/____
(first) (middle) (last)

Date of Birth: ____/____/____ Age: _____ Gender: M / F Marital Status: S M D W

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____ Occupation: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

❖ Whom may we thank for this referral? _____

Please identify any health concern(s) you have in order of importance below:

Condition

Past Treatment

a. _____

How does this condition affect you? _____

b. _____

How does this condition affect you? _____

Please list any medications (prescribed and over-the-counter) you are currently taking:

Please list any vitamins and supplements you are currently taking:

What are your goals/expectations from these sessions? _____

YOUR MEDICAL HISTORY: (Please circle)

Diabetes Cancer High Blood Pressure Heart Disease Stroke Seizures

Asthma Allergies Mental Illness Other Significant Illness _____

Do you have a pacemaker? Y / N

Do you have metal plates or screws in your body? Y / N

Describe any major accidents or traumatic events and approximate dates:

Please list any allergies you have (drugs, chemicals, foods, airborne allergies, oils, etc.)

Do you have any reason to believe you may be pregnant? Y / N If so, how far along are you? _____

Blood Pressure: What is your most recent blood pressure reading? ____/____ Date taken? ____/____/____

Hospitalizations and Surgeries:

| <u>Reason</u> | <u>When</u> | <u>Reason</u> | <u>When</u> |
|---------------|-------------|---------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

What gives you joy? _____

How do you deal with stress? _____

How do you relax? _____

How do you take care of your body? _____

Are there any other issues you would like to discuss? _____

Client Consent for Energy & Massage Sessions
Awakenings³ Bodywork, LLC
Mary Anne Olszewski
160 E. 12th St., Suite 1; Durango, CO 81301
970-799-7917

I understand that I may be receiving Energy and/or Therapeutic Bodywork sessions. The Energy sessions are a gentle, complementary approach to health and healing. I fully acknowledge and understand that this is accomplished through the use of contact and/or non-contact touch. It has been explained to me that these Energy and/or Therapeutic Bodywork sessions are not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical practitioner.

These sessions are not meant for diagnosing or treating any physical or mental disease or condition. Energy and/or Therapeutic Bodywork sessions do not substitute for diagnosis and treatment from a licensed health care practitioner for illness or injury or other medical conditions. If I have any such concerns I should seek assistance from my medical practitioner.

The purpose of this session or any subsequent sessions is to promote my body's ability to self-heal by staying in balance. Information exchanged during any of the sessions is educational in nature and is intended to help me become more familiar and conscious of my own health and may be used or ignored by my discretion.

All sessions, no matter of length, will include the intake and post treatment time. Check, cash and credit cards are accepted for payment. Each check that is returned because of insufficient funds will result in a charge to me of \$20.00 plus bank charges. At this time Awakenings 3 Bodywork does not file insurance claims. I may request a receipt to submit to my Flexible Spending Account (FSA) or Health Savings Account (HSA).

I understand that appointment times are reserved especially for me and that the full fee is charged for missed appointments and the half-fee for same day cancellations.

Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Witnessed: _____ Date: _____