



## Practice Policies

**Scheduling:** Appointments can be made through my online scheduling at [redbeardbodywork.com/scheduling](http://redbeardbodywork.com/scheduling), or by email or phone.

**What to wear:** For Integral Bodywork® and general massage suggested attire for women is comfortable underwear, a 2-piece bathing suit or sports bra and running shorts. Suggested attire for men is briefs, boxers, or running shorts. Since we will do direct tissue work on the full length of the leg including attachments at the pelvis, lower abdomen, and ribcage please dress comfortably with a minimum of excess fabric. Structural Integration involves full body postural analysis both on and off the table as well as walking assessment during the treatments so top sheets generally won't be used except as needed for warmth. For TRE® or Zero Balancing® sessions we will work in your comfortable, loose-fitting clothes.

**Cancellations:** Please allow 24 hours notice for cancellations **if possible**, although I understand that illness and emergencies can't always be predicted.

**Payment:** I accept cash, check, and credit card payments. Receipts available upon request.

**Confidentiality:** All of the information shared is kept confidential unless a written release is approved and signed by you. Certain legal limits on confidentiality do exist and do not need a release from you:

- 1) If there is convincing evidence that you are in immediate danger to yourself or others legal action may be taken for your own protection and the protection of others.
- 2) If you are involved in a medical emergency.
- 3) Incidents of child or elder abuse including physical, sexual, or neglect must be reported by me to the necessary agencies.
- 4) A court of law may subpoena information and may order release of information.

**Self-care:** Clients are **highly encouraged** to take a detoxifying salt bath after receiving this bodywork. I suggest using 1/2 cup each of sea salt (or kosher salt), baking soda, and Epsom salt. This mixture helps remove any metabolic waste and other toxins that can be released through bodywork. Clients are expected to use this **or some other method of detoxifying to be discussed** as "homework" for each session. Clients are also encouraged to drink plenty of water after our work.

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Signature

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Date

# Client Intake Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Sex:  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Eo ckr aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Preferred Appointment Day and Time: \_\_\_\_\_

Primary Health Care Provider: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone #: \_\_\_\_\_

In Case of Emergency, Please Notify:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Bodywork Informed Consent

I, \_\_\_\_\_, (client) understand that bodywork therapy provided by Alex Greene is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

The general benefits of bodywork, possible contraindications and the treatment procedure have been explained to me. I understand that bodywork therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the bodywork therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of bodywork therapy.

I have informed the bodywork therapist of all my known physical conditions, medical conditions and medications, and I will keep the bodywork therapist updated on any changes.

I have received a copy of the therapist's policies, I understand them and agree to abide by them.

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

\_\_\_\_\_  
Date

# Health Information Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Who referred you to this office? Name: \_\_\_\_\_

Other:

Present symptoms: What is your major complaint or condition you want to improve? \_\_\_\_\_

\_\_\_\_\_

When did you first notice major complaints? \_\_\_\_\_

What brought it on? \_\_\_\_\_

\_\_\_\_\_

What activities aggravate the condition? \_\_\_\_\_

\_\_\_\_\_

Is this condition getting progressively worse?  Yes  No

Please Explain: \_\_\_\_\_

Does this condition interfere with work?  Y  N Sleep?  Y  N Daily Routine?  Y  N

Please Explain: \_\_\_\_\_

What have you done to get relief? \_\_\_\_\_

\_\_\_\_\_

Has there been a medical diagnosis?  Yes  No

If so, by whom? \_\_\_\_\_

Please Explain: \_\_\_\_\_

\_\_\_\_\_

Have you had X-rays taken?  Yes  No

If yes, by whom? \_\_\_\_\_

What are your intentions or expectations for this visit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you now under medical/therapeutic treatment?  Yes  No

If yes, for what condition? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your care provider's name and phone number: \_\_\_\_\_

\_\_\_\_\_

List any medications (including aspirin) and nutritional supplements you are taking: \_\_\_\_\_

\_\_\_\_\_

Describe the exercise activities you do (include frequency): \_\_\_\_\_

\_\_\_\_\_

List other therapies you receive: \_\_\_\_\_

\_\_\_\_\_

Please list (date and description) any accidents or operations: \_\_\_\_\_

\_\_\_\_\_

Please list any additional comments regarding your health and well-being: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health History

Check the following conditions that apply to you, past and present. Please add your comments to clarify the condition.

## Musculo-Skeletal:

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains/sprains
- Back, hip pain
- Shoulder, neck, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems walking
- Jaw pain/TMJ
- Tendinitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone or joint disease
- Other: \_\_\_\_\_

## Circulatory and Respiratory:

- Dizziness
- Shortness of breath
- Fainting
- Cold feet or hands
- Cold sweats
- Swollen ankles
- Pressure sores
- Varicose veins
- Blood clots
- Stroke
- Heart condition
- Allergies
- Sinus problems
- Asthma
- High blood pressure
- Low blood pressure
- Lymphedema
- Other: \_\_\_\_\_

## Skin:

- Rashes
- Allergies
- Athlete's Foot
- Warts
- Moles
- Acne
- Cosmetic surgery
- Other: \_\_\_\_\_

## Digestive:

- Nervous stomach
- Indigestion
- Constipation
- Intestinal gas/bloating
- Diarrhea
- Diverticulitis
- Irritable bowel syndrome
- Crohn's Disease
- Colitis
- Adaptive aids
- Other: \_\_\_\_\_

## Nervous System:

- Numbness/tingling
- Twitching of face
- Fatigue
- Chronic pain
- Sleep disorders
- Ulcers
- Paralysis
- Herpes/shingles
- Cerebral Palsy
- Epilepsy
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Spinal cord injury
- Other: \_\_\_\_\_

## Reproductive System:

- Pregnancy:
  - Current
  - Previous
- PMS
- Menopause
- Pelvic Inflammatory Disease
- Endometriosis
- Hysterectomy
- Fertility concerns
- Prostate problems

## Other:

- Loss of appetite
- Forgetfulness
- Confusion
- Depression
- Difficulty concentrating
- Drug use \_\_\_\_\_
- Alcohol use \_\_\_\_\_
- Nicotine use \_\_\_\_\_
- Caffeine use \_\_\_\_\_
- Hearing impaired
- Visually impaired
- Burning upon urination
- Bladder infection
- Eating disorder
- Diabetes
- Fibromyalgia
- Post/Polio Syndrome
- Cancer
- Infectious disease (please list) \_\_\_\_\_
- Other congenital or acquired disabilities (please list) \_\_\_\_\_
- Surgeries \_\_\_\_\_
- Other: \_\_\_\_\_

For clients who need mobility assistance, please give your height: \_\_\_\_\_ weight: \_\_\_\_\_

Please list any additional comments regarding your health and well-being: \_\_\_\_\_

I have stated all conditions that I am aware of and this information is true and accurate. I will inform the health care provider of any changes in my status.

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Suggestions for Clients

- 1) Drink a lot of water (enough to make urine clear).
- 2) Stay in communication with the practitioner at all times.
- 3) Stay focused on the practitioner's touch (fingers).
- 4) Breathe with long exhalations.
- 5) Give feedback on pain/intensity: 1 (non-existent) - 10 (highest).
- 6) Stay in the here/now.
- 7) Take responsibility to be well.
- 8) Be on time.
- 9) Inform practitioner of your needs at all times.
- 10) Have a clean body to work.
  - salt bath (highly recommended): 1/2 cup each of Epsom salt, sea (or kosher) salt, and baking soda in one standard hot bath. Soak for 10-20 minutes then rinse off.
  - walking barefoot in grass
  - apple cider vinegar bath
  - swim in ocean
- 11) Take responsibility to detoxify after each session.
- 12) Leave sessions grounded and balanced.
- 13) Immediately communicate to the practitioner if problems arise out of the work done in the session.