

PERSONAL INFORMATION

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Referred by \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

MESSAGE EXPERIENCE

Have you had professional massage  Yes  No  
If yes, what types of massage have you had

How Long have you been receiving massage  
Frequency of massage  
What are your goals of treatment

HEALTH HISTORY

Musculoskeletal

- Bone or Joint Disease
- Tendonitis/Bursitis
- Fibromyalgia
- Chronic fatigue syndrome
- Osteoarthritis
- Osteoporosis
- Rheumatoid arthritis
- Low Back Pain
- Neck pain
- Shoulder and upper back pain
- Arthritis/Gout
- Lupis

- Spinal Problems
- Migraines/Headache
- Osteoporosis

CIRCULATORY

- Heart Condition
- Phlebitis/Vericose Veins
- Blood clots
- Lymphedema
- Thrombosis/Embolism
- High Blood Pressure
- Swollen Feet/ankles
- Racing heart (palpitations)

RESPIRATORY

- Breathing Difficulty/Asthma
- Emphysema
- Bronchitis
- Allergies

Specify: \_\_\_\_\_  
 Sinus Problems

- MS
- Epilepsy
- Migraine
- Muscular dystrophy
- Cerebral Palsy
- Severe headaches
- Wake up from headache
- Speech difficulty/slurring
- Facial weakness/drooping
- Facial twitching
- Tingling or numbness in face
- Tingling or numbness in arms/fingers
- Memory loss
- Balance problem
- Weakness in parts of body

NERVOUS SYSTEM

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease

REPRODUCTIVE

- Pregnant, Stage \_\_\_\_\_
- Ovarian/Menstrual Problems
- Prostate

SKIN

- Allergies, specify \_\_\_\_\_
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores

DIGESTIVE

- Irritable Bowel Syndrome
- Gastric Reflux
- Liver Disease/Jaundice
- Persistent Diarrhea
- Persistent Constipation
- Bloody or black stools
- Bladder/Kidney Ailment
- Colitis

EAR NOSE AND THROAT

- Sinusitis or sinus headache
- Nasal Rhinitis
- Inner ear infections
- Tinnitus/ Ringing in ear
- Frequent nasal congestion
- Vertigo (head spinning)
- Hearing difficulty/loss
- Plugged ears

PSYCHOLOGICAL

- Anxiety/Stress Syndrome
- Depression
- Insomnia
- Poor concentration
- Physical or sexual abuse

TMJ

- Jaw joint clicking or popping noise
- Jaw joint grating or crepitus noise
- Jaw locking or getting stuck open
- Jaw locking closed/cannot open fully

Other Oral Habits

- Chewing on one side
- Grinding teeth at night
- Grinding teeth when awake
- Waking up with sore jaws
- Clenching teeth when awake
- Clenching teeth at night

- Crohn's Disease
- Ulcers

ENDOCRINE

- Diabetes
- Thyroid disease
- Pancreatic disease

GENITO-URINARY

- Bladder problems/infections
- Kidney disease
- Urinary retention or difficulty urinating
- Urinary Incontinence
- Bowel Incontinence
- Blood in urine
- Hysterectomy or ovariectomy
- Dysmenorrhea (painful menstrual periods)
- Premenstrual Syndrome or menopause
- Breast Cancer
- Prostatitis

DENTAL HISTORY

- Orthodontic braces
- Orthognatic or bite surgery
- Wisdom teeth extracted
- Other teeth extracted
- Bite adjusted
- Splint or bite guard
- Missing teeth need replacement
- Persistent tooth pain
- Persistent food sensitivity
- Difficulty chewing due to bite
- Unstable bite
- Cross bite
- Open bite

- Holding your jaw forward
- Chewing gum
- Playing musical instrument with mouth
- Sleeping on stomach
- Touching or holding your teeth together
- Pressing the tongue against teeth
- Holding jaw in tense or rigid position
- Biting objects (pen, tooth picks, etc)
- Biting your cheeks
- Biting your nails or cuticles
- Biting your lips
- Biting your tongue
- Bracing the phone with shoulder or jaw

MOUTH OR FACIAL INJURY

Have you had trauma or injury to your jaw, head, or neck? Describe \_\_\_\_\_

SLEEP BREATHING PROBLEMS

- Snore loudly or have sleep apnea
- Do you frequently feel fatigued
- Wake up feeling tired
- How many hours of sleep
- Do you have difficulty staying asleep
- Stop or struggle w breathing in sleep

OTHER

- Cancer/Tumors
- Diabetes
- Drug/Alcohol?Tobacco Use
- Contact Lenses
- Dentures
- Hearing Aids

HIPPA PROTECTION

Check for **yes**, leave blank for **no**.

Is it ok to contact you by:

- Phone
- Email
- Use your first name in the waiting room
- To leave the treatment room door slightly open for ventilation, using a white noise machine to block the sound.

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, sports or hobby. If yes, please describe:

\_\_\_\_\_  
Further explanation or any other medical conditions not listed: \_\_\_\_\_

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

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

Are you experiencing any tension, stiffness, discomfort or pain Y N

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

List any medications you are currently taking

List any known allergies

If yes, please describe:

INSURANCE INFORMATION

Client's Full Name \_\_\_\_\_

Date of Injury \_\_\_\_\_

Is your condition the result of an auto accident Y N

If so, in what state did the accident occur?

Work Injury? Y N Health Condition? Y N Other \_\_\_\_\_

What type of insurance do you have that may cover you for this condition? Check all that apply.

Auto workers' compensation/state industrial liability Health

Was a police/accident report filed? Y N

Client's relation to insured? Self spouse partner child other

Insured's full name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Primary Insurance Plan Name \_\_\_\_\_

Plan ID Number \_\_\_\_\_

Group Number \_\_\_\_\_

PIP INSURANCE

Insurance Company \_\_\_\_\_

Claim number \_\_\_\_\_

Claim Adjuster \_\_\_\_\_

Has an attorney been retained Y N

Name, Address, City, State, Zip, Phone

## CLIENT AGREEMENT

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

Yes  
 No

## ASSIGNMENT OF BENEFITS

I am responsible for all charges for all service provided. In the unfortunate event that my insurance company denies payment, or makes a partial payment, or amount is billed towards my deductible, I am responsible for any balance due. If you, my massage therapist, have contracted with my insurance company at a discount rate for services, the amount remaining will be waived, and I will not be asked to pay the balance, except when treatments are applied towards the deductible. I authorize and direct payment of medical benefits to Joe Rodin MA, LMP, CTP, for services billed.

Yes  
 No

Signature of parent or legal guardian (if client is a minor) \_\_\_\_\_

## RELEASE OF MEDICAL RECORDS

I authorize the release of medical records or other health care information, including intake forms, chart notes, reports, correspondence, billing statements, and other written information to my attorneys, healthcare providers and insurance case managers for the purposes of processing my claims.

Yes  
 No

Signature of parent or legal guardian (if client is a minor) \_\_\_\_\_

(Please inform your practitioner immediately upon signing any exclusive Release of Medical Records with your attorney that may impact the above release statement)

## DISCLOSURE:

### WHAT IS MANUAL THERAPY

A clinical approach utilizing skilled, specific hands-on techniques to treat the musculoskeletal system for the purpose of improving function, facilitating movement, reducing pain and inflammation and assisting in relaxation.

### WHAT YOU CAN EXPECT?

**Assessment:** A thorough assessment including a verbal history of the problem and its symptoms, and a biomechanical, hands-on assessment including a number of tests to narrow down the problem and develop a treatment plan.

**Treatment:** Includes specific techniques to resolve various dysfunctions and adaptations in the body—in the shortest amount of time—along with patient education.

Treatment techniques may include:

- Craniosacral Therapy—treatments for the head, face, and TMJ
- Muscle Energy Technique-restores spine and extremity function
- Strain/Counterstrain-relieves painful restrictions in joints and muscles
- Trigger Point Therapy-resolves local and referred pain patterns
- Lymphatic Drainage-releases congestion in various tissue systems

- The Trager® Approach—for neuromuscular relaxation and reeducation
- Postural Education—exercises for pain relief and better posture

**ASSESSING AND TREATING THE PELVIS, LOW BACK AND RIBS**

In manual therapy you treat both pain and dysfunction, which means that areas beyond acute pain are assessed and often treated in concert with the presenting problem. Often pain will be felt in the part that opens more (hypermobile), when the problem is with the part that is stuck and isn't moving well (hypomobile). Both areas may require treatment.

The pelvis, low back and ribs are often a cause or exacerbating factor in presenting problems and postural distortions. Dysfunction in these areas must often be cleared to receive full relief from the presenting problem, including neck and head pain.

Patients can expect these areas to be assessed in all cases, and treated in most, unless otherwise requested. Assessment and treatment in these areas, along with all others, requires an evaluation of the associated bony structures for symmetry and mobility. Therefore, the therapist may palpate (touch) areas such as the juncture of the pubic bones in front and the sacrum (tail bone) and ilium bones in back. For rib function, both the sternum and ribs are palpated. The pubic bones lie about 4 inches above the genital area and the sacrum and ilium bones lie in the domain of the rear end. The ribs and sternum lie near the domain of the breasts. In no case will the genitals or breasts be palpated.

Before any assessment or treatment of these areas, the practitioner will fully explain the rationale and talk through the evaluation. If the patient either does not understand, or does not wish to be evaluated in these areas, it is their right and it is their responsibility to make this clear to the practitioner, who will respect these wishes and work around these areas. The patient can, at any time, ask the practitioner to either stop what they are doing, or explain the rationale for assessment or treatment.

While manual therapy is a very effective form of treatment, it is a, 'hands-on,' modality and requires working directly with the musculoskeletal system of the patient. If you feel that you may react to this direct, hands-on approach from a male therapist, please consider seeing a female therapist or seeking an alternative form of treatment.

It is common, when using the Trager Approach, that the therapist sits on the edge of the table while treating certain areas, such as the shoulders, neck and feet. Being positioned over the area allows the therapist to achieve greater specificity and ease of movement. As a licensed massage therapist, Joseph Rodin will assess and treat problems, but he is not empowered, and will not make diagnoses, in any situation.

**CANCELLATION POLICY**

24 hour advance notice is required when cancelling an appointment. I understand that if I must cancel a scheduled appointment I will notify Seattle Manual Therapy 24 hours in advance, excluding weekends, or I will be charged a \$50 fee. One cancellation without penalty is allowed

I fully understand and agree to the terms of this client information form, disclosure statement and cancellation policy.

\_\_\_\_\_  
Signature (this serves as an electronic signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Representative