Myofascial Wisdom

Client Intake and Agreement Form

It is my choice to receive Myofascial Release and Massage Therapy. By signing below I,_____, waive and release my therapist of any liability, past, present and future and I give my consent to receive treatment. I acknowledge that my therapist is not a medical doctor and that Massage Therapy and Myofascial Release is not a substitute for medical care, medical examination or diagnosis. In this form, I have stated all medical conditions that I am aware of and will inform my therapist of any changes in my health status should they occur. I will not hold my therapist liable should I forget or choose not to inform her of those changes.

SIGN_____ DATE_____

Name
_____
Address
_____
City State Zip
_____
Home phone Cell phone
_____
Email
_____
Occupation
_____
Emergency contact name and phone
_____

How did you hear about me?
_____
Have you had professional bodywork before?
Yes No
What types? (i.e. massage, shiatsu, reiki)
_____
If so, how long have you been receiving bodywork and how frequently?
_____
Have you had Myofascial Release (MFR)?
Yes No
If yes, was it the John F. Barnes' approach to MFR?
Yes No Not sure

~The information you provide in this form will help me better serve you and increase the effectiveness of our work together. Thank you for providing specific information about your health history, current symptoms and goals for treatment. If you need more space for details, use the back of the sheet.~

Please describe in detail your primary reason for coming to see me for Myofascial Release…

_____

_____

Do you have a secondary reason? Please describe…

_____

_____

HOW and WHEN did your symptoms begin? For example, are they trauma induced or because of an accident or surgery? Or, because of an unknown reason? Please describe…

_____

_____

Are you currently seeing a doctor or other health professional concerning these symptoms? Yes No
If yes, please give details about who you are seeing, when you started and what treatment you are receiving, how long you have been receiving treatment and how effective it has been…

_____

_____

If you are experiencing pain or discomfort how would you rate your level of sensation? 1 being the lowest, 10 being the highest level…

1 2 3 4 5 6 7 8 9 10

Are there activities that increase your discomfort or pain? Please describe…

_____

Are there activities that decrease your discomfort or pain? Please describe…

_____

Are you willing to commit to a series of Myofascial Release treatments to address your symptoms?
Yes No Not sure

Please tell me your ultimate goal for receiving Myofascial Release Therapy. For example, are there activities that you would like to return to and/or any other goals…

_____

_____

Do you exercise or participate in any sports? Please list frequency and type…

_____

Do you perform any repetitive movements in your work, sports, or hobbies? Please list…

_____

How do you rate your level of mental/emotional stress? 1 being the lowest 10 being the highest

1 2 3 4 5 6 7 8 9 10

List all current and historical injuries and surgeries with dates these occurred. If you need more room, use the back of this sheet…

Date_____ Discription_____

Date_____ Discription_____

Date_____ Discription_____

Date_____ Discription_____

Date_____ Discription_____

Date_____ Discription_____

List all medications you are currently taking or applying topically and supplements/herbs you use, and the reason you are taking them. If you need more room, use the back of this sheet…

Medication_____ Reason_____

Medication_____ Reason_____

Medication_____ Reason_____

Medication_____ Reason_____

Medication_____ Reason_____

Medication_____ Reason_____

Do you have sensitive skin? Yes No

Are you allergic to nuts, oils or lotions? Please describe…

_____

Do you have chemical sensitivities or allergies? Please describe…

_____

Mark any current conditions with a "C" and any past conditions with a "P"

___ Bone or joint disease	___ Breathing difficulty/asthma	___ Bladder/kidney ailment
___ Tendonitis/bursitis	___ Emphysema	___ Colitis
___ Arthritis/Gout	___ Sinus problems	___ Crohn's disease
___ Jaw/TMJ pain	___ Rashes	___ Ulcers
___ Fracture	___ Cosmetic Surgery	___ Abdominal hernia
___ Spinal problems	___ Herpes/cold sores	___ Pregnant, stage_____
___ Migraines/headaches	___ Heart Conditions	___ Anxiety/stress syndrome
___ Osteoporosis	___ Phlebitis/Varicose Veins	___ Depression
___ Shingles	___ Blood clots	___ Lupus
___ Numbness/tingling	___ Stroke	___ Rheumatoid arthritis
___ Chronic pain	___ High/low blood pressure	___ Cancer/tumors
___ Paralysis	___ Lymphedema	___ Diabetes
___ Multiple Sclerosis	___ Thrombosis/embolism	___ Drug/alcohol/tobacco use
___ Parkinson's Disease	___ Hematoma	Any other medical conditions
___ ALS	___ Aneurysm	not listed:_____
	___ Irritable bowel syndrome	_____

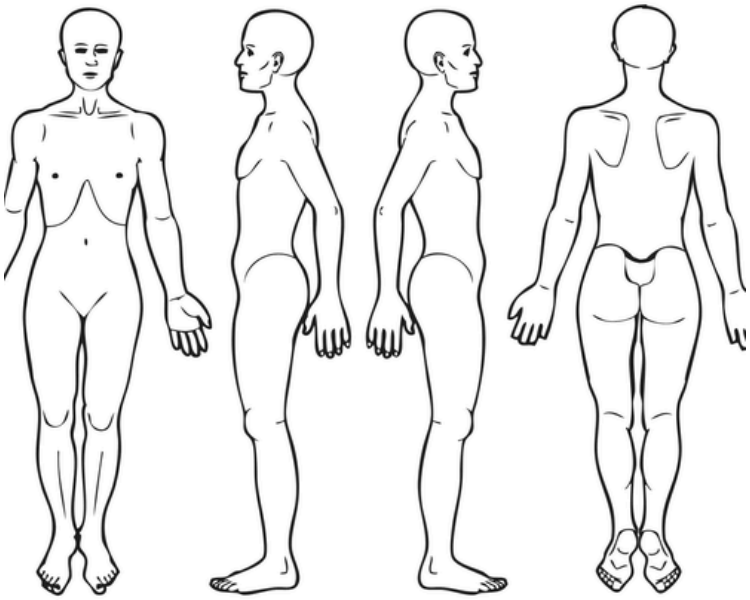
Please shade in areas of pain or other symptoms on the figures to the right. If there is anything else you would like me to know about your physical symptoms, please explain here:

_____

_____

_____

_____



By signing below, I verify that all information I have provided on these forms is true, accurate and complete.

SIGN_____ DATE_____

Myofascial Release (MFR) and Massage Therapy Detailed Informed Consent Form

Thank you for taking the time to read and sign this document. If any questions or concerns arise they can be addressed during treatment time.

1. The John F Barnes approach to MFR therapy will never injure.
2. The following conditions are contraindicated for MFR either locally or otherwise. It is the patient's responsibility to inform the therapist if they are experiencing any of these conditions.

Fever (above 100 degrees) Broken bones (local to the area) Hernias repaired with mesh (local to the area) Pregnancy (over the abdomen) Flare up of an autoimmune condition (local to the area)	Broken or damaged skin (local to the area) Blood clots (local to the area) Aneurysm (local to the area) Thrombosis/Embolism (local to the area)

3. The patient may experience a stirring up of symptoms, discomfort, a healing crisis or other associated sensations after treatment, and those experiences can be a part of the healing process.
4. Rarely does one session completely resolve symptoms. Healing is a process and not an event. Continuing MFR therapy is often necessary to fully resolve issues. Restrictions can also be reduced by home self care.
5. MFR and Massage Therapy are non-sexual.
6. MFR therapy is best performed with skin to skin contact and the therapist may use hands, forearms and elbows to administer treatment.
7. It's possible to experience emotions, past traumas/experiences while being treated and possibly afterward due to the mental/emotional holding patterns in restricted areas of fascia.
8. The practitioner is not a medical doctor and does not provide medical diagnosis or medical examination.

I, _____, understand all of the information stated in this form and by signing below verify that understanding. In the understanding of this information, I give my consent to receive treatment.

Sign _____ Date_____

Things to know for your Myofascial Release (MFR) treatment:

⭐It is helpful to not apply any lotions or oils after cleansing your skin before treatment. They create a glide on the skin which greatly decreases the effectiveness of the techniques. You may even find that your skin feels better after MFR because of the hydration of deeper tissues.

⭐Effective MFR requires access to your skin for hands on technique and assessment, however because there can be movement during your session it's helpful to have some body coverage for your comfort. Please wear what you are comfortable in but here are some suggestions:

Women: athletic shorts or underwear and a bra/tank top or a two piece bathing suit.

Men: athletic shorts, underwear or swim trunks.

~The following information is from years of my own personal experience as a patient and as a therapist attending seminars and treating. I would have liked hearing these things when I first started receiving work, so I'm passing it on. They are in no way mandatory dictates but rather advice or suggestions for getting the most out of your sessions. If any of it resonates, wonderful! If not, just keep it in the back of your mind for a time when it might be helpful for you. Ultimately, let your body and your personal experience be your guide.~

⭐The John F. Barnes' approach to MFR therapeutically addresses the fascial system that encompasses every other system of your body right down to the cellular level. There is a superficial layer of fascia under your skin that flows in a multi-dimensional web through your body connecting your head with your toes without beginning or end. It is most often necessary to treat areas other than the one you are currently experiencing issues. While your fascia releases, you may at times feel sensations in other areas, possibly indicating places to address. We call this the "fascial voice".

⭐MFR is different from other types of bodywork. It directly and effectively addresses habitual holding patterns and postural imbalances that run deeply through the body. Our mind is connected to these patterns through our feeling sense. Our feeling sense is an integral part of our innate wisdom to heal. In addition, feeling emotions during your session is completely normal. Allowing yourself to experience emotions that come up can fully heal restricted areas. Your body may also feel like it wants to move on its own, called Unwinding, moving into and through past positions in space where a trauma occurred. While unwinding feels like an unusual experience for many people, you can trust this innate process or stop it at any time you choose.

⭐It's fun to chat when getting to know each other. We can converse during your intake interview and exit interview, however, during your time on the table feel free to rest your focus inward on what you are feeling in your body. When we find ourselves needing to

talk to be comfortable, often it is a distraction from what is going on inside. If you find yourself in this situation, consider giving your mind permission to quiet down and invite your feeling sense inside your body. Conversely, voicing what you are feeling can be an extremely effective way of releasing your restrictions, making language therapeutic. If thoughts or feelings come up during your session that are linked to the work, allowing yourself to express them can move the physical symptoms you have held in your tissue.

⭐Restrictions in fascia can be painful. Our fascia is strong and can exert up to 2,000 pounds per square inch! While therapeutic pain can be a part of releasing, the notion that "pain equals gain" does not apply to healing. Injurious pain causes our fascial system to tighten and restrict more, resulting in the opposite effect of releasing. Listen to what your body tells you, pain is an indicator. It is your body saying, "right here!". Focusing on your breathing can be a great catalyst for release when you are feeling pain or moving through an emotion. Give yourself permission to at ANY time tell your therapist to "ease up" or "halt" all together. You are the boss. You know your body better than anyone. Other times you may feel nothing at all. This does not mean that there isn't anything happening therapeutically. Utilize your feeling sense to scan your body and just notice what is there or not there. Sink into your awareness.

⭐Have patience with your individual healing process and your body. Allow your mind to not need to know all the "hows, whys and whens". We make progress with our goals in a non-linear, zigzag type way. Rest assured that each flare up or challenge comes as a necessary step in the journey. Visualize your goals becoming reality and develop a positive self-talk routine. Treatment continues after you have left the table. Pay attention to the images or memories that come to you during treatment time and dreamtime. While they may not make sense or seem applicable, they can contain valuable information on a subconscious level. You can utilize those images or memories to bring that information to your consciousness and aid your healing process.

⭐John teaches about what he calls Channel 3 and Channel 5. They are a way of describing different modes of our consciousness. Channel 5 is the left brained, thinking, rational mind or our identity and ego. Most of us live primarily in Channel 5. Channel 3 is the right brained, non-linear, creative, intuitive, subconscious side. MFR gives us the opportunity to explore our Channel 3. It is where we can create and experience resolution in health challenges, giving our body a chance to express itself in its own unique language. Everyone is born with this ability. We are meant to utilize both Channels and when we do, we can reach unlimited potentials.

Have the courage to turn your pain into power, embrace your inner oracle and enlighten your life! You deserve to feel fully well and integrated into your body!

Notice of Privacy Practices

The massage therapist is allowed to use and disclose Patient Health Information without patient consent only for routine health-care purposes — treatment, payment and healthcare operations. For non-routine uses, such as marketing, fundraising and most research, the massage therapist must obtain prior specific patient authorization. Patient has the right: (1) to access their Patient Health Information; (2) to request that their Patient Health Information be amended; (3) to request that the use of their Patient Health Information be restricted; (4) to request alternative means of communications; and, (5) to complain about an entity's Patient Health Information protection procedures without fear of reprisal.

Do you give Myofascial Wisdom permission to use your information such as email address or phone number for marketing purposes? Your personal information will never be sold or given to any other entity.
Please circle one:

Yes No

May Myofascial Wisdom contact you with updates on your appointments and important information pertaining to your care?
Please circle one:

Yes No

Acknowledgement of receipt of Notice of Privacy Practices:

Signature of Patient: _____

Printed Name of Patient: _____

Date: _____

Practitioner Signature: _____

Appointment cancellation, late or missed appointments and general policies

Please read thoroughly and sign below.

Any appointment that is not canceled with at least a 48 hour notice will incur a charge for the full amount of the appointment with the credit card on file. There will be no option to reschedule to avoid being charged. You will need to schedule another appointment for the full amount.

Any missed appointment or no-show will incur a charge for the full amount of the appointment with the credit card on file. There will be no option to reschedule to avoid being charged. You will need to schedule another appointment for the full amount.

If you show up late to your appointment you will be charged for the full amount of the appointment and will receive treatment until the original scheduled end time. You will not receive extra time for your treatment.

The massage therapist reserves the right to dismiss patients for inappropriate conduct, non or late payment of fees, medical reasons, safety concerns and other as determined by the therapist.

Payment for an appointment is required at the time of your visit. Returned checks will incur a $25.00 fee, due and payable immediately. Any product purchased must be paid in full at time of service and is non refundable. Insurance is not accepted and it is the sole responsibility of the patient to receive reimbursement from their carrier. Any documents will be provided after payment is received.

I have reviewed, understood and agree to abide with the office policies as stated above.

Sign_____ Date_____