



Edward Westhead. CMT A.O.S. B.S.

PRIMARY INFORMATION

Name _____ Date _____

Home /Cell phone _____ e-mail _____

Referred by: _____ Phone No. _____

Primary reason(s) for your visit:

PERSONAL INFORMATION

Address _____ City _____ State _____

Zip _____ Occupation _____ Birthday _____

Emergency Contact: Name _____ Phone No. _____

Primary Health Care Provider _____ Phone No. _____

HEALTH HISTORY

Current Health Problems and Conditions (other than primary reason for your visit – e.g.: heart conditions, panic attacks, communicable diseases, insomnia, etc.)

Current activities that increase your sense of accomplishment, strength, joy.

Medication and/or Drug History (please include the name and dosage, what the medication does, and any side effects – also, please note any significant use of recreational drugs/ alcohol.)

Major Injuries, Sicknesses; all Surgeries and Hospitalizations (please include reasons, recovery, dates, complications).

Eating habits including water intake (please include favorite foods and flavors.)

Prior experience with massage (please include type and number of times/ frequency)

Is there anything else that you feel is, or might be, important for me to know?

Are you currently having or had in the past any of these conditions?

- | | | | | |
|---|-------------------------------------|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cramping | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Ticklishness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression | <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infectious condition | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Inflammation | <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Other clotting disorders | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Overuse injuries | | |
| <input type="checkbox"/> Bruising | | | | |

FEES AND POLICIES

Life events happen. I understand that both of our schedules are planned well in advance, and that our time is important, and that sometimes things do come up.

Cancellation policy: First session that is cancelled with less than 24 hours notice is due at 50% payment, 2nd-5th short notice cancellations are due at 100%. If it becomes a routine event, it seems that something is working hard to sabotage our meetings, and, thus after 5 such cancellations, it might be best if we don't reschedule more sessions until the deeper issue has been cleared up. This cancellation policy is mutual: if I have to cancel a session without 24 hours notice, the above means that I will be owing you a session equal to the length of the missed session.

No show policy: Compensation for the missed session is due at the start of the next session. I will try to do reminder calls the weekday before the session, but if I fail to it does not waive your responsibility to show up.

Confidentiality policy: The information provided by the client during therapy sessions is legally confidential and privileged with the following exceptions:

1. Clinical and/or peer supervision (anonymity will remain: all identifying features (name, gender, appointment times etc will be changed).
2. Client signs a waiver releasing confidentiality.
3. Communication made outside of confidential relationship.
4. Subpoenas and court orders.

This confidentiality extends to the public arena. If I don't seem to recognize you in public, please do not take offense. For the privacy and safety of those clients that are processing some very private or personal issues, it is best if I have a blanket policy of pretending to not recognize clients in public. You are more than welcome to say "hi" and start the conversation if we meet in public, I just won't be the one to start.

I have read and understood the above information to my satisfaction. I have had an opportunity to have any and all questions answered about this information. I understand that I can request a copy for my records.

Printed name: _____

Signature: _____

Date: _____