

 INTENGRA LLC STRUCTURAL INTEGRATION CLIENT INTAKE FORM

Name _____ Date _____ Phone _____
 Address _____ City _____ ZIP _____
 Birth Date _____ Contact Person _____ Contact Phone _____
 Email address _____

1.a What are your goals that would define success for your pursuit of Structural Integration ?

2. Medical History (use additional sheets if necessary)

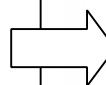
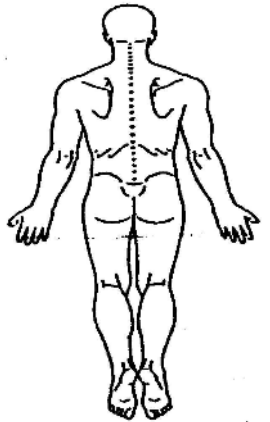
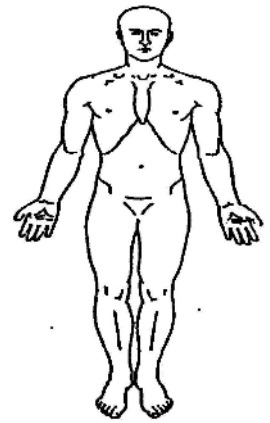
A . Do you have any physical problems that regularly appear in your work, daily life or recreation?











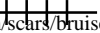

B . Have you even been diagnosed with cancer? Yes No If so, what type and present status?

C . Do you have any communicable disease? Yes No If so, what?

D. Have you had any surgeries? Yes No If so, what type and approximate date?

E. Have you had any recent injuries? If so, what type and approximate date? **Indicate on chart**



						
Elevation	tender point	hypertonicity	trigger point	inflammation	spasm	adhesion
						
Pain	joint or muscle stiffness	numbness/tingling	growth/scars/bruises/wounds	rotation		

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F . What substances are you currently taking (including herbs, homeopathic remedies, supplements, alcohol, recreational drugs and prescribed medications)?

G. Are you currently under the care of a physician? Yes No

If so, what for? Please write down the physician's name and (if available) telephone number and/or address.

H .Are you wearing contact lenses? Yes No

I: Is there any condition, appliance, situation not covered above that could affect your health such as pregnancy, pacemaker implant etc. Please list if Yes? Yes No

3. Concluding questions

a. To comply with "informed consent" regulations, Therapist must inform you of the following items:

___ what to expect from the entire bodywork session including clothes, length, costs.

___ therapist proposed treatment plan

___ any contraindications or precautions therapist will be observing

Client Informational Statement: I understand that I will be receiving a series or combination of the following: (1) a KMI structural integration twelve (12) session series (2) a three (3) session tuneup (3) Deep Tissue massage that follows a specific protocol that has been described prior to the work being performed in order to maintain good health and physical condition and personal physical movement goals, (4) Visceral Manipulation per The Barral Institute training. I understand also that I will be treated by a certified KMI structural integration practitioner who is a licensed massage therapist that may not diagnose or treat injuries or diseases. Any Structural Integration session should not take the place of a doctor's care when indicated. I also understand that either the therapist or myself may request a change in treatment or behavior should either be experiencing discomfort inappropriate for the situation. Such discomfort may include (but is not limited to) physical pain, sexually-suggestive behavior or personal remarks or requests. Therapist reserves the right to refuse service to anyone.

Client _____ **Date** _____

Guardian _____ **Date** _____

INTENGRA LLC & Fred Shipley LMT KMI abides by and respects the client privacy safeguards as implemented by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under this Act the client has specific rights of access to their files, privacy protection, and choice to participate in receiving communications from health provider.

May we contact you in the future concerning services or products offered? Yes No

Initialed _____