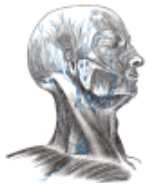

MLD/VM Intake Form

Welcome to Integrative Bodyworks LLC

Integrative Bodyworks offers Advanced Therapeutic Bodywork, Lymphatic Drainage and Visceral Manipulation techniques.

3240 Newport Street, Denver, CO 80207 Phone: 303-523-0773

Please fill out the form as accurate as possible. All questions are important so the therapist can determine if there are any contraindications for therapeutic massage. All information is confidential. I understand that manual therapist do not diagnose disease, illness, disease or any physical to mental disorders: nor do they prescribe medical treatment, pharmaceuticals, nor do they provide spinal manipulation. I acknowledge that a Manual Lymphatic Drainage or Visceral Manipulation is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

Client's Name _____Date ____/____/_____

Address _____ City _____ ST _____ Zip_____

Cell: _____ Age _____ Birth date ___/_____/_____ Sex: F M

Who can I thank for referring you? _____

E-Mail Address _____

Emergency Contact _____ Phone _____ Relationship _____

_____ Initial I give my consent to contact me via email, phone, text or mail with appointment reminders, postcards, greeting cards, information about alternative therapies, or other information that may be of interest to you.

Name and Phone # of Referring Practitioner/Doctor: _____

Reason for Visits _____

Condition you've recently been diagnosed with?_____

When did symptoms appear? _____

What treatments have you received for your condition? _____

_____

Surgeries _____

Auto Accidents _____

Falls/Injuries _____

Pregnancies _____

Health History

Please mark C for a current condition, P if a past condition and leave blank if not applicable.

____ADD/ADHD
____AIDS/HIV
____Allergies
____Aneurysm
____Ankle/Foot Pain
____Anorexia
____Anxiety
____Appendicitis
____Arm Pain
____Arthritis
____Asthma
____Auto Accident
____Back Pain
____Blood Clots
____Blood Thinner
____Broken Bones/ Fractured Bones
____Bronchitis
____Bruises easily
____Bursitis
____Cancer
____Carpal Tunnel
____Celiac Disease
____Chronic Fatigue
____Cold Sores
____COPD
____Congestive Heart Failure
____Constipation
____ Crohn's Disease
____Depression
____Diabetes
____Dizziness
____Earaches
____Ear Tubes
____Eczema
____Edema
____Emphysema
____Endometriosis
____Epilepsy
____Eye Strain/Pain
____Fainting
____Fibromyalgia
____Foot Pain
____Gas/bloating
____Gout
____Headaches
____Head Injury
____Heart Attack
____Hepatitis
____Hernia
____Herniated Disk
____Herpes
____Hip Pain
____IBS
____Jaw Pain
____Joint Pain
____Kidney Stones
____Knee Pain
____Leg Pain
____Low Back Pain
____Lyme Disease
____Mid Back Pain
____Migraine Headache
____Multiple Sclerosis
____Muscle Pain
____Nausea
____Neck Pain
____Night Sweats
____Numbness/Tingling
____Neuropathy
____Open Wounds
____Osteoporosis
____Pinched Nerve
____Pneumonia
____Polio
____POTS
____Psoriasis
____Psychiatric Care
____Radiation
____Rash
____Sciatica
____Seizures
____Scoliosis
____Shoulder Pain
____Sinus Issues
____Sleep Disorders
____Spasms
____STD's
____Strains/Sprains
____Stroke
____Tendonitis
____TOS
____Thyroid Issues
____Tinnitus
____ Tonsillitis
____Tuberculosis
____Tumors/Growths
____TMJ
____Ulcerative Colitis
____Ulcers
____Upper Back Pain
____Varicose Veins

Integrative Bodyworks reserves the right to refuse, postpone or terminate treatment whenever they deem it in the best interest of one or more of the parties. Initials:_____

Release of Records/ Permission to Communicate Consent: I herby give Integrative Bodyworks LLC/ Karen Urwin LMT, MMP consent to communicate with any and all practitioners involved in my treatment as she deems necessary. **Initials:** _____

Cancellation Policy: I agree to pay the full fee of the service missed if I do not give a 48 hour notice of cancellation or if I No Show an appointment. **Initials:** _____

Minors: Parents must accompany any minor under the age of 18 years of age to each and every appointment. **Initials:** _____

Patient Signature: _____ **Date:** _____/_____/_____

Parent/Guardian Signature: _____ **Date:** _____/_____/_____