



Please Print clearly. This information is critical to your treatment as it may affect the manner in which your treatment is structured. All information disclosed will be kept strictly confidential.

Date: _____

Name: _____ Email: _____

Telephone: Day: _____ eve: _____ Mobile _____

Client Address

City: _____ State: _____ Zip: _____ D.O.B. _____

Occupation: _____ Referred By: _____

What other kinds of practitioners have you seen In regards to this?

Are you now under the care of a position, therapist, or other health practitioner? Yes ____ No ____

If yes, whom, and for what? _____

Please list any medications you are currently taking: _____

[Structural integration /bodywork clients] please check any that apply:

- ___ heart condition ___ osteoporosis
___ Infectious or contagious conditions ___ open cuts or sores.
___ Varicose veins ___ phlebitis /clotting.
___ Numbness/tingling ___ chronic pain: _____

Please describe any surgeries in the last three years: _____

Major accidents, injuries, traumatic events, or illnesses: _____

Any other conditions or history that I should be aware of: _____

Are you under Chiropractic Care (circle) Yes / No If yes with whom: _____
Has it been helpful? Yes / No / Somewhat

Are you under Acupuncture Care (circle) Yes / No If yes with whom: _____



Has it been helpful? Yes / No / Somewhat

Are you under Physical Therapy Care (circle) Yes / No If yes with whom: _____

Has it been helpful? Yes / No / Somewhat

If you are currently in pain on a scale of 1 to 10 (10 being acute distress) what would you rate it? _____

Is it getting worse - better or staying the same? _____

Have you had Deep Tissue , Myofascial Therapy or Structural Integration /Rolfing Bodywork before? (circle)

- Yes No Many Times

What would you list as your **Primary** area of complaint/concern that you are seeking treatment for?

What ways is this impacting area's such as activities, hobbies, or pleasures of your life:

What would you like to get out of working together? _____

What would be some things that would tell you that we will have been successful in reaching the goals that you are seeking bodywork for?

What is the amount of tension in your life? 1.....2.....3.....4.....5.....6.....7.....8.....9.....10
(none) (average) (extreme)

What things do you do on a daily or weekly basis to relax from stressors?:



Fee Structure and Policies:

Sessions offered:

60 Minute Myofascial / Structural Bodywork session (\$100.00)

90 Minute Myofascial / Structural Bodywork session (\$150.00)

90 Minute Structural Integration Session (Part of 10 Session Series of Structural Integration - \$150.00)

Payment:

Payment must be received at the time of the appointment and may be paid by check, cash, M/C, Visa

[Please note that a surcharge of 5% will be added to payments made by credit card].

Some Insurance policies and flex spending accounts will pay for Structural Integration for musculoskeletal dysfunction or pain, if you obtain a prescription for such treatment from an MD or DO. However, not all insurance companies will agree to this. You should check with your insurance agent to find out if yours will. I do not bill insurance companies in the cases that are covered, you will be expected to pay privately and I will provide you with appropriate documentation to submit to your insurance agent.

Cancellation Policy:

If you are unable to keep your appointment, you may reschedule or cancel within 24 hours of your scheduled appointment by either sending me an email or calling my office at 978.270.3487. My policy is to charge the full session fee for cancellations made with less than 24 hours notice. This includes no-shows. I keep an active waiting list of people seeking an appointment and can easily fill canceled sessions given sufficient time. I appreciate your courtesy and understanding regarding this business matter.

*If you arrive late for your session, the session still falls within the scheduled appointment time.

What to wear for the session:

Structural Bodywork is different from a standard massage session, no top sheet or draping is utilized, and often I will ask clients to stand up and move in gravity to assess the effectiveness of the work, also for body-reading purposes, and lastly at times work with clients either standing or seated. Therefore, Clients are asked to wear a comfortable and loose fitting pair of shorts and a tube top or sports bra (for women).

How To Request An Appointment:

Appointments can be made by calling 978.270.3487 or by sending an email requesting an appointment at joe@corestructuraltherapy.com as a general rule of thumb, typically I am able to respond to email requests more quickly than phone messages, but I do my best to return calls at my earliest availability.

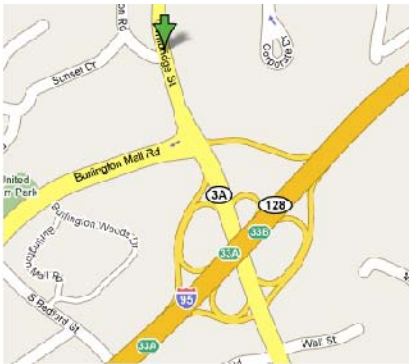
Additionally, my schedule typically fills up approx. 2 wks in advance, so I am not able to accommodate next day appointment requests. However, I am more than happy to place you a waiting list in that scenario should a client need to reschedule and open up his/her slot.

Appointment Recommendations:



- For those choosing to come for the Structural Integration Series, my best recommendation is to schedule the sessions 7 - 10 days apart. Clients can expect to see the greatest structural change within this schedule. However, with that said for some clients every other week or 3 wk's works better for their schedule.
- If you are coming for specific oriented treatment it is usually recommended that clients come for 1 - 5 sessions, then evaluate effectiveness of treatment and discuss further options at that time.
- For individuals seeking session work for health maintenance/wellness and prevention, I recommend a maintenance session or 'tune up' one to twice a month.

Directions To My Office:



- From Boston, take Route 93 North to Exit 37B Route 95/128 South towards Waltham. Take Route 3A North Exit 33B to Burlington and bare right onto Cambridge Street. From the ramp, our building is 2/10 of mile on the left hand side.
- From Waltham or from the Massachusetts Turnpike (Route 90), take Route 95/128 North to Exit 33B and follow directions above.
- From NH or 495, take Route 93 South to exit 37B Route 95/128 South towards Waltham and then follow directions above. I am located on the 3rd floor in suite 3A. Entrance is to the right as you exit the elevator. *The Kiosk on first floor will read Dental Care Of Burlington so do not be confused.

Please read and sign:

I verify that all information provided is correct and current to the best of my knowledge. I understand that any information provided by the therapist is for educational purposes only and is not prescriptive or diagnostic in nature. I hereby give my consent to receive therapeutic bodywork by the therapist and will not hold the therapist responsible for any personal injury or loss of property. I have also read and understand office policies regarding scheduling, rescheduling, and payment.

Signature of client

Date