

name \_\_\_\_\_ date of birth \_\_\_\_\_

mailing address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

home phone \_\_\_\_\_ work phone \_\_\_\_\_ cell \_\_\_\_\_ email address \_\_\_\_\_

Which number do you prefer me to call during the daytime? ( home / work / cell )

Emergency contact \_\_\_\_\_ phone \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What do you do for exercise? \_\_\_\_\_

What are your main reasons for seeking structural integration / bodywork? \_\_\_\_\_

On a scale of one to ten, what is your current level of physical health? (circle number)

1 2 3 4 5 6 7 8 9 10  
(most days challenging) (most days good) (most days great)

Has there been any change to your health in the last year?

Please explain: \_\_\_\_\_

What is your injury history? (including broken bones, severe sprains, surgery, auto accidents, sports injuries, repetitive stress)

Head: \_\_\_\_\_

Neck: \_\_\_\_\_

Spine: \_\_\_\_\_

Shoulders: \_\_\_\_\_

Hands/Wrists/Elbows: \_\_\_\_\_

Hips: \_\_\_\_\_

Knees: \_\_\_\_\_

Feet/Ankles: \_\_\_\_\_



Kirstin Schumaker, LMT

Embody Change Structural Integration

6018 SE Stark St., Suite 103, Portland, Oregon 97215

Oregon license # 6582, NPI # 1902133283

phone: 503-720-7403

Please list any other injuries or surgeries, including hernia repair, hysterectomy, breast surgery (people sometimes forget to mention these): \_\_\_\_\_

Areas of numbness, aching pain, or stabbing pain? \_\_\_\_\_

Areas particularly pressure sensitive? \_\_\_\_\_

Any mental/emotional health issues you feel are relevant and wish to share? \_\_\_\_\_

Other significant sources of stress? \_\_\_\_\_

Do you bruise easily? ( yes / no )

How much water do you drink a day? (glasses)

Are you pregnant, or will you soon be trying to get pregnant? ( yes / no )

**Other Medical History:**

	past	currently	never
Headaches (reoccurring or severe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or seizures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other circulatory or cardiac problems _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint swelling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other autoimmune disorder (including Crohn's disease, Lupus) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable bowel syndrome or other gastro-intestinal issues _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food allergies or food sensitivities _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other allergies requiring medication _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any **other medical condition** not listed above? \_\_\_\_\_

Are you currently under a **physician's care** for any condition? \_\_\_\_\_

Please list any conditions for which you take **medication**: \_\_\_\_\_



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I understand that the structural integration/manual therapy I receive is for the purpose of relieving myofascial tension to help balance posture or improve range of motion, and/or as an educational process for the body's locomotor system; it is neither diagnosis nor treatment for any condition, nor a substitute for competent medical attention when needed. Although structural integration can be remarkably effective for relieving chronic pain patterns of a structural nature, it is not intended to be "curative" for any disease or condition, and is not a "first aid" remedy for recent injury. If I have a "hot" or inflammatory disease or a recent injury, I will discuss with my practitioner when and if it is appropriate or contraindicated to receive manual therapy or structural integration.

During a structural integration session, the practitioner will contact certain tissues and ask me to move in certain ways as she opens or repositions those tissues. The process of opening these tissues can involve some burning-type sensation, like a yoga stretch for long-unused muscles. The pain, if the sensation gets that far, should be short and bearable. Occasionally, myofascial techniques will cause a minor bruise, and localized minor soreness is commonplace for a day or two after a session. I agree to converse with my practitioner immediately if I begin to experience pain or too much sensation, so that she can adjust her pressure and technique accordingly.

Traumatized tissue can contain stored emotional pain that may surface as the tissue is opened and released. It is also not unusual to experience odd physical or emotional feelings between sessions in a structural integration series. When old long-forgotten pains resurface for a time, it is a positive sign that the process of unwinding is well underway. I understand that my practitioner is trained to sensitively work with me around these issues as they relate to my body structure, but is not a trained psychologist or mental health counselor. I will let my practitioner know if anything I experience is difficult for me to process or if it is causing me great distress or concern, so that we/she can adjust the work to the right level for me.

I understand that manual therapy/structural integration should not be performed or should be modified according to certain medical conditions, therefore to the best of my knowledge, I have stated all my known medical conditions and answered all questions honestly. I understand that massage therapists/structural integration practitioners are not qualified to perform spinal and skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. I agree to keep my practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to treatment of minor:**

By my signature below, I hereby authorize Kirstin Schumaker to administer massage or structural integration techniques to my child or dependent. I agree to stay for the full length of my child's sessions, either in the massage room or in the waiting room.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

