

HELLERWORK CLIENT INTAKE FORM

Client information is confidential

NAME _____ BIRTHDATE _____ E-MAIL _____

ADDRESS _____ CITY _____ ZIP _____ H PHONE _____ WPHONE _____

How did you hear about Hellerwork? _____

Have you had previous bodywork? _____

What in your life is your biggest concern right now? _____

Are you currently under the care of a physician? _____

Do you take any medication? _____

Who is your physician? _____

Have you ever had a serious accident, broken bones or surgery? Please list dates and brief description of each.

Do you now experience any of the following? If yes, please explain.

1) Poor posture or alignment _____

2) Restriction in movement _____

3) Tension _____

4) Difficulty sleeping _____

5) Other physical problems _____

What are you currently doing for yourself? _____

What specific results do you want/expect from Hellerwork in your body and in your life? _____

Have you had or do you have any of the following conditions?

	Yes	No	Comments
High or Low Blood Pressure (last checked _____)	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer (how often mammograms? _____)	<input type="checkbox"/>	<input type="checkbox"/>	
Blood clots	<input type="checkbox"/>	<input type="checkbox"/>	
Swelling	<input type="checkbox"/>	<input type="checkbox"/>	
Immune system weakness	<input type="checkbox"/>	<input type="checkbox"/>	

CONSENT FOR HELLERWORK

I hereby apply for and consent to processing in Hellerwork by Anita Boser (the "Practitioner"), who has explained to me the general process and various results of Hellerwork bodywork and movement education. I understand that these results vary from individual to individual and that no specific results can be guaranteed. Furthermore, I understand that any relief of physical or emotional symptoms is coincident with the alignment and organization of the total human being, and that alleviation of symptoms is not the primary goal of Hellerwork.

I understand that the Practitioner does not diagnose or prescribe for any illness, disease or any other physical or mental disorder, injury or condition. Nothing said or done by the Practitioner should be construed to be such. I further understand that the Practitioner is not attempting to practice medicine, osteopathy, chiropractic, physical therapy, psychology or any other profession requiring a license under the laws of the State of Washington.

I understand that it is necessary for the Practitioner to touch my body in order to assist me in establishing balance and alignment in my body. I give the Practitioner my permission and consent to do all those things necessary in helping me establish balance and alignment. I give the Practitioner full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein. I understand that photographs may be made as a visual/auditory aid for both myself and for the Practitioner.

I understand that I am responsible for the payment of all sessions even if the Practitioner is billing my insurance and I agree to pay for any appointments that I miss or do not cancel at least 24 hours in advance. I authorize the release of any medical or other information to process claims, if applicable.

SIGNATURE (Parent or legal guardian if client is a minor)

Date

- The Hellerwork sessions are your process for your benefit. I invite you to get as much out of them as is possible. I (Anita) believe that your body has an innate wisdom it heal itself. Hellerwork is intended to help you access your own inner wisdom.
- You are in control of the process. If a touch is too intense, I want you to tell me to slow down, lighten up or stop. Contrary to popular stoic belief, if it is so deep that you cannot relax into it then it is too deep.
- Likewise if you want a deeper touch, I welcome you to ask for it.
- I often ask you to move during a stroke to aid in release. You are welcome to initiate movements of your own.
- Dialogue is an important part of the process. However, if I bring up a subject that you do not want to talk about, please just say so.
- I treat all client information during a session as confidential. I will not release such information without your consent or unless I am required to do so by law.
- I do not accept insurance for payment nor bill health insurance companies. (Workers' Comp and auto PIP claims may be exceptions.) I will provide a statement to you, if requested, if you want to submit a claim to your insurance.
- If your insurance is not paying promptly, I will send a bill to you for all balances over 60 days old.
- I do bill for broken appointments (\$50) unless 24-hour advance notice is given.

Name: _____

Date: _____

Please answer these questions briefly, in one or two phrases or sentences each.

1. Where in your body do you feel the strongest?

2. Where do you feel that you are weak?

3. Where do you feel tightness?

4. Where do you feel that you have excessive looseness?

5. Do you feel that both sides of your body have equal flexibility?

6. What would you like to change about your body if you could?

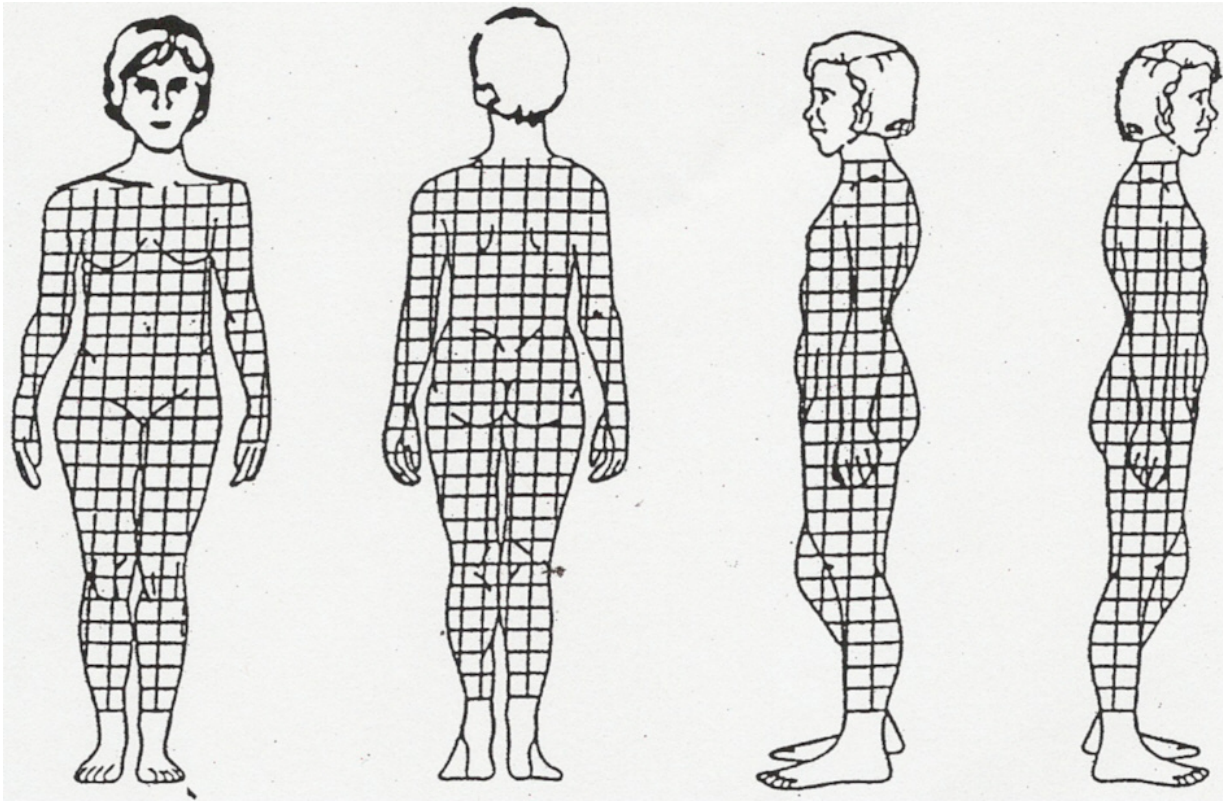
7. How do your physical problems limit your life?

8. Where does your personal health fall in terms of your priorities?

9. If you have been injured, how high is the priority on your healing from this injury?

10. How do you feel about your body?

Please indicate the areas on your body that have pain, discomfort or irritation.



As noted above, please complete the following chart regarding your pain/discomfort. Start with the most pressing area.

Area	Describe the sensations there	This area bothers you how many days/week?	When it bothers you, how often during your waking hours?	Pain level on a scale of 1 to 10	What makes it better or worse?
Example: Left shoulder / neck	Pulling and warm	6 or 7	About half	From 2 to 7	Better – stretching, ice Worse – sitting, driving