Valerie Cizek, LMT
Myofascial Release & Massage Therapy
(316) 293-9515

Confidential Client Intake Form

CLIENT INFORMATION:

NAME:_____ DATE:_____

STREET:_____ PHONE: ( )-_____-_____

CITY:_____ STATE:_____ ZIP:_____ Date OF BIRTH:_____

EMAIL:_____CAN I ADD YOU TO MY EMAIL LIST? Y / N

OCCUPATION:_____

EMERGENCY CONTACT:_____

EMERGENCY CONTACT PHONE: ( )-_____-_____ RELATIONSHIP:_____

REFERRED BY:_____

BODYWORK HISTORY/SESSION INFORMATION:

HAVE YOU EVER RECEIVED PROFESSIONAL BODYWORK? YES/NO DATE OF LAST SESSION:_____

MAIN GOALS FROM TODAY'S SESSION:_____

PLEASE LIST CURRENT PHYSICAL ACTIVITIES AND EXERCISE INCLUDING FREQUENCY:_____

_____

ARE YOU CURRENTLY UNDER THE CARE OF A HEALTH CARE PRACTITIONER? YES/NO

IF YES, PLEASE SPECIFY THE PURPOSE OF THE TREATMENT:_____

LIST ANY CURRENT MEDICATIONS AND PURPOSE:_____

_____

PREVIOUS HISTORY (PLEASE INCLUDE THE YEAR AND TREATMENT RECEIVED)

PLEASE LIST ANY INJURIES, ACCIDENTS, OR ILLNESSES STILL AFFECTING YOU:_____

_____

PLEASE LIST ANY SURGIES YOU HAVE HAD, INCLUDING THE MONTH AND YEAR:_____

_____

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Please check any of the conditions that you have or have had in the past. Mark with a "c" if current or with a "p" for in the past.

MUSCULOSKELETAL:
BONE/JOINT DISEASE
TENDONITIS/BURSITIS
ARTHRITIS/GOUT
JAW PAIN (TMJD)
LUPUS
SPINAL PROBLEMS
OTHER:_____

RESPIRATORY:
BREATHING DIFFICULTLY
EMPHYSEMA
ALLERGIES (LIST):_____
SINUS PROBLEMS
ASTHMA
OTHER:_____

NERVOUS SYSTEM:
SHINGLES
NUMBNESS
TINGLING
PINCHED/IMPINGED NERVE
EPILEPSY
OTHER:_____

REPRODUCTIVE:
PREGNANT: First/Second/Third Trimester (circle one)
OVARIAN/MENTRUAL PROBLEMS
PROSTATE
OTHER:_____

CHEMICAL:
MEDICAL/RECREATONAL CANNABIS
ALCOHOL (if more than 1 drink per day)
TOBACCO
CAFFEINE: MILD/MODERATE/HEAVY (circle one)
OTHER:_____

CIRCULATORY:
HEART CONDITION
PHLEBITIS/VARICOSE VEINS
BLOOD CLOTS
HIGH/LOW BLOOD PRESSUE (CIRCLE ONE)
LYMPHEDEMA
THROMBOSIS/EMBOLIS
OTHER:_____

SKIN:
ALLERGIES
RASH
ATHLETES FOOT/FUNGAL INFECTION
BACTERIAL SKIN INFECTION
HERPES/COLD SORES
SCABIES/PARASITIC INFECTION
ECZEMA
PSORIASIS
OTHER:_____

DIGESTIVE:
IRRITABLE BOWEL SYNDROME
ULCERS
OTHER:_____

OTHER:
CANCER/TUMORS
BLADDER/KIDNEY AILMENT
DIABETES
CHRONIC FATIGUE
CHRONIC PAIN
SLEEP DISORDERS/INSOMNIA
MIGRAINES/FREQUENT HEADACHES
ANXIETY/HIGH STRESS
CLINICL DEPRESSION
OTHER:_____

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POLICIES:

I, the undersigned, acknowledge that I have completed this form to the best of my knowledge and abilities. I agree that I will inform Valerie Cizek of any current or future health conditions, and let her know of any pain or discomfort during the session so that she may make adjustments accordingly.

I further understand and affirm massage therapists are not equivalent to a medical doctor and cannot diagnose illness, disease or any other medical, physical, or emotional disorder, nor are they able or permitted to prescribe treatments for such disorders.

I understand that myofascial release and massage are therapeutic health aides and are strictly NON-SEXUAL; sexual advances, remarks or similar inappropriate behavior will result in an immediate termination of the session and the full charge for my session will be assessed if applicable.

Bodywork sessions are by appointment only.

Please arrive 5 – 10 minutes early before your scheduled appointment to allow yourself time to decompress before your session.

The time you schedule is reserved especially for you. Please be kind enough to call 24 hours in advance should you need to reschedule your appointment. If you miss an appointment with less than 24 hours notice, you will be responsible for the full charges of the session.

Myofascial Release and Massage Therapy Fees

Initial Appointment
60 minutes $90 or 90 minutes $130
Plus allow an additional 30 minutes for a consultation

Follow-up Individual Appointments
60 minutes $80
90 minutes $120

Follow-up Packages
Six hours of treatment, $450. Valid 12 months.
Twelve hours of treatment, $840. Valid 12 months.

Cash, checks and credit cards are accepted. Tips are not.

SIGNED:_____DATE:_____

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CLIENT INTAKE DIAGRAM

Please identify areas of soreness/pain with a (P), numbness/tingling (N), weakness (W), and scars (S):