

Seattle:
3417 Fremont Ave N, #300
Seattle, WA 98103

Transitions Bodywork

Barbara J Alexander
GCFP, COMS, LMT
Ph 206-499-7793 Fax 206-783-4522

Eastside:
15650 NE 24th, Suite C3
Bellevue, WA 98008

Please take a moment to complete this form, and sign it at the bottom. Initial session will involve a more extensive interview of your specific needs and concerns. Thank you.

Name:		Today's Date: / /	
Address:		City/Zip:	
Home Phone: - -	Cell Phone: - -	Birthdate: / /	
Email Address:		Preferred Contact: Home <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/>	
Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>		Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
Emergency Contact:		Emergency Phone: / /	
Physician:		Physician Phone: / /	
Occupation:		Employer:	

Health Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you previously had professional bodywork? (PT, OT, massage, Feldenkrais) Which/How recently?
<input type="checkbox"/>	<input type="checkbox"/>	Do you wear contacts, bifocals or dentures?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have <i>custom</i> orthotics (sport &/or dress)? Do you wear them?
<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant? If so, what week?
<input type="checkbox"/>	<input type="checkbox"/>	Do you exercise regularly or participate in any sports? If so, what kind & how often?
<input type="checkbox"/>	<input type="checkbox"/>	Do you take any medications? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Have you suffered an acute injury recently? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any infectious or contagious diseases? If yes, Please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had surgery? If yes, Please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Have you had diagnostic imaging?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been limited from your preferred sleep position?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have spinal problems? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have arthritis? If so, what type, where?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any areas that need special attention or avoidance? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other medical conditions that your practitioner should be aware of before you start treatment? If yes, please describe:

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The Fine Print (please read, initial, and sign)

I certify that the above information is complete and accurate, and will notify my practitioner of any changes in my medical condition. I understand that my practitioner does not diagnose illness, disease, or any other physical or mental disorder and that this work is not a substitute for medical care.

I agree to the release of any medical information my insurer may need in order to process payment.

I understand that it is my responsibility to know my coverage limits and benefits and that certain services may not be covered by my insurance under the terms of my policy. I understand that I am responsible for all bills incurred at this office, and agree to make financial arrangements with my practitioner to pay for any services not covered by my insurance policy (including co-pays, co-insurance, and deductibles). **Initial** _____

In respect for the value of professional and personal time, I understand that the following policies are my financial responsibility, not that of the insurance company:

Late Cancellations: \$35.00 fee for canceling or rescheduling less than 12 hours before your appointment.

No Shows: Will be charged for one session. Cancellations made within 2 hours of your appointment will be considered a no show.

I have read the statements above, and accept the responsibilities as stated.

Signature: _____ Date: ___/___/___

****Please avoid:** Wearing any perfumes, scented products such as deodorants, lotions, hair products, etc. I reserve the right to cancel and charged for a session if you arrive wearing scents. Thank you!