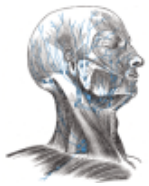


MLD/VM Intake Form

Welcome to Integrative Bodyworks LLC

Integrative Bodyworks offers Advanced Therapeutic Bodywork, Lymphatic Drainage and Visceral Manipulation techniques.

3240 Newport Street, Denver, CO 80207 Phone: 303-523-0773 info@ibdenver.com

Please fill out the form as accurate as possible. All questions are important so the therapist can determine if there are any contraindications for therapeutic massage. All information is confidential. I understand that manual therapist do not diagnose disease, illness, disease or any physical to mental disorders: nor do they prescribe medical treatment, pharmaceuticals, nor do they provide spinal manipulation. I acknowledge that a Manual Lymphatic Drainage or Visceral Manipulation is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

Client's Name _____Date ____/____/_____

Address _____ City _____ ST _____ Zip_____

Cell: _____ Age _____ Birth date ___/_____/_____ Sex: F M

Who can I thank for referring you? _____

E-Mail Address _____

Emergency Contact _____ Phone _____ Relationship _____

_____ Initial I give my consent to contact me via email, phone, text or mail with appointment reminders, postcards, greeting cards, information about alternative therapies, or other information that may be of interest to you.

Name and Phone # of Referring Practitioner/Doctor: _____

Reason for Visits _____

Condition you've recently been diagnosed with?_____

When did symptoms appear? _____

What treatments have you received for your condition? _____

_____

Surgeries _____

Auto Accidents _____

Falls/Injuries _____

Pregnancies _____

Health History

Please mark C for a current condition, P if a past condition and leave blank if not applicable.

____ADD/ADHD
____AIDS/HIV
____Allergies
____Aneurysm
____Ankle/Foot Pain
____Anorexia
____Anxiety
____Appendicitis
____Arm Pain
____Arthritis
____Asthma
____Auto Accident
____Back Pain
____Blood Clots
____Blood Thinner
____Broken Bones/ Fractured Bones
____Bronchitis
____Bruises easily
____Bursitis
____Cancer
____Carpal Tunnel
____Celiac Disease
____Chronic Fatigue
____Cold Sores
____COPD
____Congestive Heart Failure
____Constipation
____ Crohn's Disease
____Depression
____Diabetes
____Dizziness
____Earaches
____Ear Tubes
____Eczema
____Edema
____Emphysema
____Endometriosis
____Epilepsy
____Eye Strain/Pain
____Fainting
____Fibromyalgia
____Foot Pain
____Gas/bloating
____Gout
____Headaches
____Head Injury
____Heart Attack
____Hepatitis
____Hernia
____Herniated Disk
____Herpes
____Hip Pain
____IBS
____Jaw Pain
____Joint Pain
____Kidney Stones
____Knee Pain
____Leg Pain
____Low Back Pain
____Lyme Disease
____Mid Back Pain
____Migraine Headache
____Multiple Sclerosis
____Muscle Pain
____Nausea
____Neck Pain
____Night Sweats
____Numbness/Tingling
____Neuropathy
____Open Wounds
____Osteoporosis
____Pinched Nerve
____Pneumonia
____Polio
____POTS
____Psoriasis
____Psychiatric Care
____Radiation
____Rash
____Sciatica
____Seizures
____Scoliosis
____Shoulder Pain
____Sinus Issues
____Sleep Disorders
____Spasms
____STD's
____Strains/Sprains
____Stroke
____Tendonitis
____TOS
____Thyroid Issues
____Tinnitus
____ Tonsillitis
____Tuberculosis
____Tumors/Growths
____TMJ
____Ulcerative Colitis
____Ulcers
____Upper Back Pain
____Varicose Veins

Integrative Bodyworks reserves the right to refuse, postpone or terminate treatment whenever they deem it in the best interest of one or more of the parties. Initials:_____

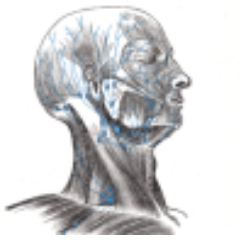
Release of Records/ Permission to Communicate Consent: I herby give Integrative Bodyworks LLC/ Karen Urwin LMT, MMP consent to communicate with any and all practitioners involved in my treatment as she deems necessary. **Initials:** _____

Cancellation Policy: I agree to pay the full fee of the service missed if I do not give a 48 hour notice of cancellation or if I No Show an appointment. **Initials:** _____

Minors: Parents must accompany any minor under the age of 18 years of age to each and every appointment. **Initials:** _____

Patient Signature: _____ **Date:** _____/_____/_____

Parent/Guardian Signature: _____ **Date:** _____/_____/_____



Integrative Bodyworks LLC

Privacy Policies Notice

We are dedicated to providing top-quality service. Protecting your privacy is paramount and we have implemented procedures to safeguard your the information.

This notice describes how Protected Health Information (PHI) about you may be used and disclosed and how you can get access to this information. Please Review it Carefully.

Your Personal and Protected Health Information

We may gather personal and health information from you, other health care providers and third party payers. This information is used for treatment, payment and health care operations. The following describes the ways we may use and disclose your Protected Health Information:

* We may provide PHI about you to health care providers, other practice personnel, or third parties who are involved in the provision, management or coordination of your treatment care.
* We may disclose your PHI to any third party you designate in writing.
* We may use or disclose your PHI so that we can collect or make payment for the health care services you receive or are going to receive.
* We may disclose your PHI if we ever sell or transfer our practice.
* We ma contact other providers with updates on your progress or concerns related to treatment.
* We may disclose your PHI if we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public.
* We may disclose your PHI to a government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will make this disclosure if it is necessary to prevent serious harm to you or other potential victims, you are unable to agree due to your incapacity, you agree to the disclosure, or required by law.
* We may disclose your PHI to a health oversight agency for activities authorized by law.
* We may disclose your PHI as required by a court or administrative order, or under certain
circumstances in response to a subpoena, discovery request or other legal process.
* We may release your PHI as necessary to comply with laws relating to Workers' Compensation
or similar programs that are established by the law to provide benefits for work-related injuries or illness without regard to fault.
* We may disclose your PHI to a HIPAA certified Business Associate (a person or organization that performs a function or activity on behalf of the practice that involves

the use or disclosure of PHI, such as a billing services company or another practitioner who is involved in your health care).
* Your PHI may be disclosed for military and veterans affairs, for national security and intelligence activities, or for correctional activities.
* We may use or disclose your PHI when required by law.
* We may use your name, address, phone number, e-mail, and your records to contact you with appointment reminder calls, recall postcards, greeting cards, information about alternative therapies, or other related information that may be of interest to you. If you are not at home to receive an appointment reminder, a message will be left on your answering machine.

Please note your rights regarding this information:
1. You are entitled to inspect and receive copies of your records.
2. You are entitled make a written request to amend your PHI files or put restrictions on certain uses and disclosure of PHI.
3. We accommodate any reasonable request, yet we retain the right to deny inclusion of amendments or use restrictions of your PHI.
4. You have the right to disagree with the practitioner's refusal of inclusion.
5. You have a right to receive all notices in writing.
6. You have the right to request that we do not disclose your information to specific individuals,
companies, or organizations. Any restrictions should be requested in writing. We are not required to honor these requests. If we agree with your restrictions, the restriction is binding on us.
7. You may complain to us or the Secretary for Health and Human Services if you feel that we have violated your privacy rights. There will be no retaliation for filing a complaint. Written comments should be addressed to our Privacy Officer at our office address or the Secretary for Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg. Washington, DC 20201.

Original Effective Date: April 14, 2003

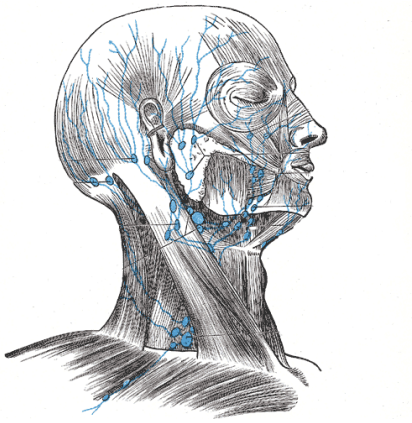
This notice remains in effect until it is replaced or amended by changes in the law.

Print Name: _____ D.O.B.: _____

Client's Signature: _____Date: _____

Parent/Guardian's Signature: _____Date: _____

3240 Newport Street Denver, CO 80207
Phone 303-523-0773 * info@ibdenver.com



Integrative Bodyworks LLC

It is always recommend that three MLD sessions are preformed. This allows the body to detox, rejuvenate while stimulating the immune system. The subtle work has profound effect on the body.

If you need to reschedule or cancel your appointment, please give at least **48 hours before the appointment to avoid the "missed appointment" fee.** You will receive a confirmation reminder via text/email 48 hours prior to your appointment. If you miss this appointment it could be weeks before another would be available, and you would be responsible for the full fee of the service.

Here is information regarding your appointments:

Karen works from home that is located in the Park Hill neighborhood in east Denver, between Quebec and Monaco just North of Martin Luther King Blvd. The address is **3240 Newport Street, Denver, CO 80207.**

Karen accepts phone calls and text **Monday-Friday, 8:00AM-6:00PM**. If you need to contact her outside of business hours, please do so through her email at info@ibdenver.com**.**

If you arrive early to your appointment, please wait until your appointment time to ring the bell. Karen has back to back appointments and is not able to answer to door other than at times other than your scheduled appointment. If you find that you will be late, you can text her at 303-523-0773 to let her know your estimated arrival time.

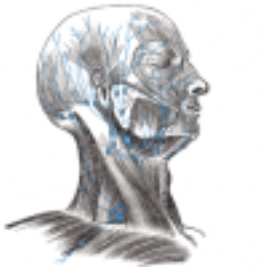
If you are not able to keep your appointment, experience has shown us that it could be weeks before another appointment would be available. For those who cancel on a regular basis you might be asked to prepay for session and at some point the prepaid sessions will no longer be refundable. If this is the situation, Karen will discuss this with you prior to this policy being instated or services could be terminated permanently.

If you have active cold or flu virus, **please call at least 48 hours to reschedule.** Karen is very careful not to expose herself or the treatment room to illness which might inadvertently transmit to someone. Stay home, care for yourself, and see your primary physician if needed.

If you are recovering from the cold or flu, wait until you are **at least 90% through the illness before coming in for a session.** Your lymphatic system is already overwhelmed from the illness and to have a session with an active illness could potentially overwhelm your system even more causing you to have a relapse. If you arrive with an active cold, you will be turned away and full payment will be expected.

If you have had an inoculation or cortisone injections, please call and discuss this with Karen before your appointment as it can be contraindicated and a certain amount of time need to pass before a session is recommended.

Karen takes and return calls between **8:00AM and 6:00PM** Monday-Friday. If you have **questions regarding your appointmen**t, please feel free to call at 303-523-0773 or via email at info@ibdenver.com.



Integrative Bodyworks LLC

Cancellation Policy
Your appointments are very important to us, they are reserved especially for you. Therefore, we respectfully request at least a **48 hour notice for cancellations or rescheduling of appointments.** This allows us time to inform clients/patients on our wait list of availability, better serving everyone. If you are not able to give the required notice you will be expected to pay the full amount of your service.

If you are not able to keep your appointment, experience has shown us that it could be weeks before another appointment would be available.

Ongoing Cancellations
For those who cancel on a regular basis you will be asked to prepay for future sessions. If this continues you will be asked to prepay for session and they will not be refunded or transferred to another date. This could lead to services being terminated permanently.

Holiday Weeks
During the weeks of Christmas, New Years, Memorial/Labor Day or the 4th of July, if you have an appointment scheduled and cancel you will be expected to paid for your session in full.

Winter Weather
During the winter months, please pay attention to the weather forecast and make your determination regarding your appointment at least 24 hours prior to the storm. Appointments missed or cancelled on the day of the storm will be expected to be paid for in full.

Cold or Flu
If you arrive with a cold or the flu and it is determined that it is contraindicated for you to receive a session, you will be expected to pay for that appointment. If you have any question, phone Karen before your appointment to determine the best course of action.

Questions or Concerns
If you have **concerns about your session or a reaction that you had after a session, please contact Karen at 303-523-0773 to discuss the situation prior to your next appointment.** If you arrive and it is decided that you session needs to be modified, you will be expected to pay for the full fee of the original scheduled session.

Karen can be reached at 303-523-0773 durning the business hour of 8:00AM-6:00PM Monday-Friday or via email thereafter at info@ibdenver.com.