



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 O

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 \_\_\_\_\_

The Lymphatic System Supports the Life Force of the Human Body

## Health History

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

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Failure	<input type="checkbox"/> Hip Pain	<input type="checkbox"/> Psychiatric Care
<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Constipation	<input type="checkbox"/> IBS	<input type="checkbox"/> Radiation
<input type="checkbox"/> Allergies	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Jaw Pain	<input type="checkbox"/> Rash
<input type="checkbox"/> Aneurysm	<input type="checkbox"/> COVID-19	<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Sciatica
<input type="checkbox"/> Ankle/Foot Pain	<input type="checkbox"/> Depression	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Seizures
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Knee Pain	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Leg Pain	<input type="checkbox"/> Shoulder Pain
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Earaches	<input type="checkbox"/> Low Back Pain	<input type="checkbox"/> Sinus Issues
<input type="checkbox"/> Arm Pain	<input type="checkbox"/> Ear Tubes	<input type="checkbox"/> Lyme Disease	<input type="checkbox"/> Sleep Disorders
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Eczema	<input type="checkbox"/> Mid Back Pain	<input type="checkbox"/> Spasms
<input type="checkbox"/> Asthma	<input type="checkbox"/> Edema	<input type="checkbox"/> Migraine Headache	<input type="checkbox"/> STD's
<input type="checkbox"/> Auto Accident	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Mold Illness	<input type="checkbox"/> Strains/Sprains
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Stroke
<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Muscle Pain	<input type="checkbox"/> Tendonitis
<input type="checkbox"/> Blood Thinner	<input type="checkbox"/> Eye Strain/Pain	<input type="checkbox"/> Nausea	<input type="checkbox"/> TOS
<input type="checkbox"/> Broken Bones/ Fractured Bones	<input type="checkbox"/> Fainting	<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Thyroid Issues
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Night Sweats	<input type="checkbox"/> Tinnitus
<input type="checkbox"/> Bruises easily	<input type="checkbox"/> Foot Pain	<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Bursitis	<input type="checkbox"/> Gas/bloating	<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Gout	<input type="checkbox"/> Open Wounds	<input type="checkbox"/> Tumors/Growths
<input type="checkbox"/> Carpal Tunnel	<input type="checkbox"/> Headaches	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> TMJ
<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Parasites	<input type="checkbox"/> Ulcerative Colitis
<input type="checkbox"/> Chronic Fatigue	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Pinched Nerve	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Cold Sores	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Upper Back Pain
<input type="checkbox"/> COPD	<input type="checkbox"/> Hernia	<input type="checkbox"/> Polio	<input type="checkbox"/> Varicose Veins
<input type="checkbox"/> Congestive Heart	<input type="checkbox"/> Herniated Disk	<input type="checkbox"/> POTS	<input type="checkbox"/> Whiplash
	<input type="checkbox"/> Herpes	<input type="checkbox"/> Psoriasis	

**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 hereby 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.***

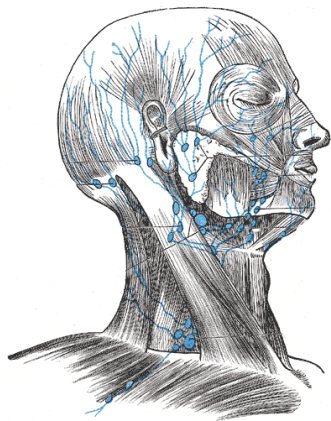
Print Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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. Initial \_\_\_\_\_

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](mailto: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 or services could be terminated. Karen will discuss this with you prior to this policy being instated. Initial \_\_\_\_\_

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. Initial \_\_\_\_\_

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 appointment**, please feel free to call at 303-523-0773 or via email at [info@ibdenver.com](mailto:info@ibdenver.com).

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## 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. Initial \_\_\_\_\_

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

### **No Shows/Last Minute Cancellations/Ongoing Cancellations**

For those who No Show/Last Minute Cancellations or ongoing cancellations, you will be required to prepay for non-refundable sessions. If this continues, services will be terminated. Initial \_\_\_\_\_

### **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 be paid for your session in full. Initial \_\_\_\_\_

### **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. Initial \_\_\_\_\_

### **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. Initial \_\_\_\_\_

### **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 your 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 during the business hour of 8:00AM-6:00PM Monday-Friday or via email thereafter at [info@ibdenver.com](mailto:info@ibdenver.com).