

**HELLERWORK CLIENT INTAKE FORM**

**Client information is confidential.**

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NAME	BIRTHDATE	E-MAIL
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ADDRESS	CITY	ZIP	CELL PHONE	HOME PHONE
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Is it OK to email appointment confirmations? Yes \_\_\_\_ No \_\_\_\_ . Is it OK to leave voicemail messages? Yes \_\_\_\_ No \_\_\_\_ .  
Would you like to receive occasional newsletters by email? Yes \_\_\_\_ No \_\_\_\_ .

How did you hear about Hellerwork/Structural Integration? \_\_\_\_\_

Have you had previous bodywork? If so, what did you like? \_\_\_\_\_

Are you currently under the care of a physician? \_\_\_\_\_ Who is your physician? \_\_\_\_\_

Do you take any medication? \_\_\_\_\_ Please list: \_\_\_\_\_

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

Do you have any **chronic illnesses**? If so, please list.

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

- 1) Restriction in movement \_\_\_\_\_
- 2) Tension \_\_\_\_\_
- 3) Poor posture or alignment \_\_\_\_\_
- 4) Difficulty sleeping \_\_\_\_\_
- 5) Allergies \_\_\_\_\_

What are you currently doing to take care of yourself? \_\_\_\_\_

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

Do you have High or Low Blood Pressure (last checked \_\_\_\_\_) Yes  No

Do you have or have you had cancer? Yes  No

Do you have currently or a history of blood clots? Yes  No

Do you have any immune system weakness? Yes  No

#### CONSENT FOR HELLERWORK

- I hereby apply for and consent to processing in Hellerwork by Anita Boser (the "Practitioner"). I understand 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 secondary to the alignment and organization of the total human being, and that alleviation of symptoms is not the primary goal of Hellerwork Structural Integration.
- 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. Anita Boser is a licensed massage therapist and Board Certified Structural Integrator<sup>CM</sup>.
- I agree that if I am knowingly contagious that I will not come for a session, not only to protect the practitioner and other clients, but also because bodywork is less effective when the body needs to support the immune system.
- 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 aid for both myself and for the Practitioner.
- I understand that I am responsible for the payment of all sessions 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.

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

Date

#### Notes from Anita about the process of structural integration (SI).

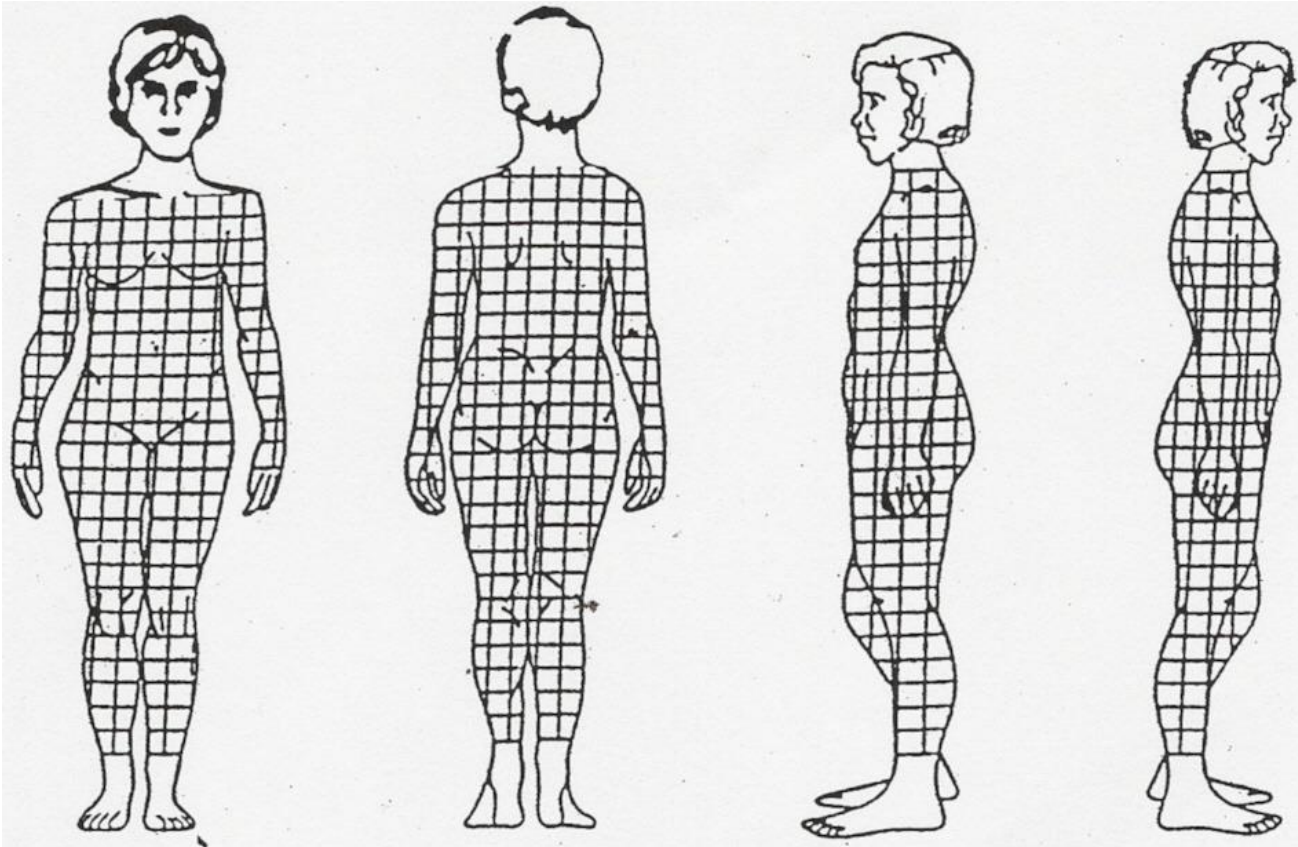
- The SI sessions are your process for your benefit. I invite you to get as much out of them as is possible. I believe that your body has an innate wisdom it heal itself. SI is intended to help you access your own inner resources.
- The results you receive from this process will be commensurate with your participation.
- You can change the depth of pressure of the bodywork. If a touch is too intense, I want you to tell me. I can slow down, lighten up, or change direction to lessen the intensity. Taking a break is also sometimes useful. Contrary to popular stoic belief, if bodywork 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. I will provide a statement to you, if requested, if you want to submit a claim to your insurance.
- I do bill for broken appointments (\$75) unless 24-hour advance-notice is given. This fee is waived in case of unforeseen illness.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer these questions briefly.

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 and complete the following chart regarding your pain/discomfort.



Area	Describe the sensations there	Bothers you how many days/week?	About what % of your waking hours?	Sensation level on scale of 1 to 10	What makes it better or worse?
Example: Top of shoulder into neck	General soreness and sharpness when turning head	5	About half	Ranges from 3-7	Better: Heat Worse: Lifting, work
					Better: Worse:
					Better: Worse:
					Better: Worse:
					Better: Worse:
					Better: Worse:
					Better: Worse: