



206 (390) 8892

2331 E. Madison St. Seattle, WA 98112

www.williamendres.com

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Preferred Method of Contact: *Email* *Phone Call* *Text Message*

What is your primary goal for this session? _____

In order to plan a session that is safe and effective for you, please provide the following information about your health and medical history:

- 1. Have you had a Bodywork Session before? YES NO
- 2. For women: are you pregnant? YES NO
- 3. Are you currently experiencing difficulties sleeping? YES NO
- 4. Is there a particular area of the body in which you are experiencing tension, stiffness, or discomfort?
If "Yes," please identify: _____
- 5. Are you currently under medical supervision? YES NO
If "Yes," please explain: _____
- 6. Are you currently taking any medications? YES NO
If "Yes," please explain: _____
- 7. Please check any condition listed below that applies to you and provide a brief explanation:

___ Accident, Injury, or Sugery (Recent & Past):

___ Nuerological Conditions:

___ Muscular Conditions:

___ Spine/Skeletal Conditions:

___ Heart/Blood Conditions:

___ Cancer:

___ Diabetes:

___ Headaches:

8. Are any of your daily activities impacted by your condition? YES NO
If "Yes," please identify: _____

9. What do you currently do for self care and relaxation?

10. Do you have any allergies/aversions to scents, oils or lotions? YES NO
If "Yes," please identify: _____

Please Read, Initial, and Sign at the Bottom.

- ____ 1. I have stated all medical conditions that I am aware of and will provide immediate notice if anything changes.
- ____ 2. I understand the benefits and risks of Bodywork Therapy and give my consent to receive services.
- ____ 3. I agree to provide full payment due at the time of service unless other arrangements have been made prior to treatment.
- ____ 4. William Endres, LMP will provide documentation for insurance reimbursement. I understand that this does not automatically guarantee reimbursement and that William Endres, LMP is not responsible in such cases.

Notice of Privacy Practices

HIPAA, short for the Health Insurance Portability and Accountability Act, is an important piece of legislation intended to make the American health care system more efficient and productive. By law, I must maintain client records. If you would like to see your records at any time, please feel free to ask. If you would like a copy of your records, please let me know and one will be provided free of charge. **Our conversations are private and confidential.** Your information is used to by me to maintain records. If you prefer not to receive information on any upcoming promotions or events, please advise and you will be removed from the mailing list. I do not supply information to any other company for marketing reasons. Your information will not be shared with anyone, unless you request it.

Signature: _____

Date: _____