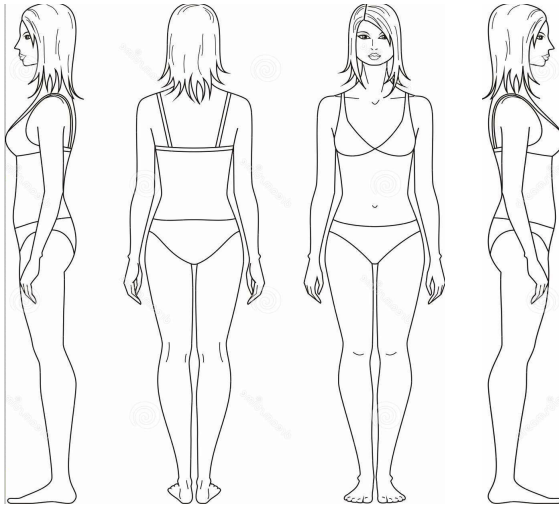




## New Client Disclosures & Acknowledgements to Rachel Duerkop

*Certified Practitioner of Asian Bodywork  
Traditional Thai, Taoist Chinese Chi Nei Tsang & Japanese Reiki  
Chicago*

Name:	Today's date:
Street address:	Current age & date of birth:
City, state, zip:	Referred by:
Best phone number:	Occupation:
Email address:	Add to email list: Y or N _____
Height & weight:	Right handed or left handed _____
Overall health: excellent _____ good _____ fair _____ poor _____	
One change that would improve your overall health today is _____	



Please indicate on this diagram where your pain is today.

Mark painful spots or regions.

Add descriptive words.

Add numbers to describe your pain level on a scale of 1 to 10. 1 is no pain, 5 is moderate pain, and 10 is excruciating pain.

Current exercise/activity & frequency: \_\_\_\_\_

Current grounding or stress management techniques, *e.g.*, meditation, pranayama, Yin yoga:  
\_\_\_\_\_

Current injuries or diagnosis: \_\_\_\_\_

Current alternative or medical healthcare provider(s) & why: \_\_\_\_\_

Current medication or supplements & why: \_\_\_\_\_

Prior bodywork and what you liked about it: \_\_\_\_\_

MEDICAL HISTORY and CONTRAINDICATIONS of \_\_\_\_\_ (print your name)

pregnant or might be \_\_\_\_\_ anemia \_\_\_\_\_ skin cancer \_\_\_\_\_  
inflammation or infection \_\_\_\_\_ contagious disease \_\_\_\_\_ allergy \_\_\_\_\_  
flu or cold \_\_\_\_\_ contagious rash or sore \_\_\_\_\_ skin sensitivity/irritation \_\_\_\_\_  
fever \_\_\_\_\_  
please explain \_\_\_\_\_

cardiovascular conditions:

*general:* diabetes \_\_\_\_\_ constipation \_\_\_\_\_  
tire easily \_\_\_\_\_ diarrhea \_\_\_\_\_  
*circulatory:* high blood pressure \_\_\_\_\_ kidney issues \_\_\_\_\_  
history of blood clots \_\_\_\_\_ varicose veins \_\_\_\_\_  
*heart:* heart disease \_\_\_\_\_ phlebitis \_\_\_\_\_  
*respiratory:* asthma \_\_\_\_\_ pacemaker \_\_\_\_\_  
shortness of breath \_\_\_\_\_ bronchitis \_\_\_\_\_

please explain \_\_\_\_\_

orthopedic conditions:

osteoporosis \_\_\_\_\_ rheumatoid arthritis \_\_\_\_\_ any joint, neck, back  
osteoarthritis \_\_\_\_\_ musculoskeletal pain, stiffness or stress \_\_\_\_\_ injury or fracture \_\_\_\_\_  
please explain \_\_\_\_\_

neurological conditions:

multiple sclerosis \_\_\_\_\_ epilepsy \_\_\_\_\_ emotional loss, including death,  
parkinson's \_\_\_\_\_ stroke \_\_\_\_\_ disability, trauma, and depression  
cerebral palsy \_\_\_\_\_ headache \_\_\_\_\_  
head injury \_\_\_\_\_ ringing in ear (s) \_\_\_\_\_ excessive anxiety or fear \_\_\_\_\_  
please explain \_\_\_\_\_

contact lens wearer: Y or N \_\_\_\_\_

any other disclosures, requests, or suggestions: \_\_\_\_\_

#### ACKNOWLEDGMENTS

- The above information is complete and accurate.
- I have disclosed all pertinent information about my physical, mental, and emotional health and I am responsible for any adverse consequences of failing to do so.
- I acknowledge that bodywork is not a substitute for medical exam or diagnosis and that I must consult a healthcare provider for those services.
- I acknowledge that bodywork is intended for relaxation and stress relief and is not meant to diagnose, treat, or remedy any illness, disease, injury, or disorder.
- I agree that bodywork sessions are my personal financial responsibility and that I must pay for services when they are received, unless prior arrangements have been made, and that I must change or cancel appointments with at least 24 hours notice or will pay the full price of my appointment.

\_\_\_\_\_  
Printed Name and Signature

\_\_\_\_\_  
Date