



Kristine Pearson: Structural Integrator
2760 29th St. Boulder, CO 80301 Suite 2
720-822-4866

Name: _____

Email: _____

Address: _____

D.O.B: _____ Sex: M / F

_____ Zip: _____

Occupation: _____

Phone: _____

Emergency Contact (Name/Relation):

Phone: _____

Check if you ever had any of the following conditions or problems: *Be descriptive if appropriate*

- ___ Heart Condition
- ___ High/low Blood Pressure
- ___ Blood Clot Disorders
- ___ Diabetes
- ___ Cancer
- ___ Thyroid Problems
- ___ Osteoporosis
- ___ Arthritis
- ___ HIV/AIDS or Hepatitis
- ___ Respiratory problems

- ___ Circulatory problems
- ___ Digestive problems
- ___ Jaw tension or TMJ
- ___ Headaches or Migraines
- ___ Hearing loss
- ___ Sleep Trouble
- ___ Stress/Anxiety
- ___ Neurological Problems
- ___ Herniated disk/pinched nerve
- ___ Spinal Fusion

- ___ Sinus Problems
- ___ Skin Condition
- ___ Fibromyalgia
- ___ Numbness/Tingling(where?)
- ___ Bursitis
- Pregnant *Past/Present/Never*
- Sensitive to: _____
- Other: _____

Please describe any past injuries, accidents and surgeries:

Reason for today's visit:

How do you use your body? Please list current lifestyle habits: TV/computer or sitting time, exercise, sports, hobbies or musical instruments, diet, etc.

Are you presently under the care of an MD, naturopath, chiropractor, therapist, or acupuncturist? If yes, for what? And do I have permission to contact your provider to discuss confidential information relevant to your SI sessions and overall Health? Yes / No

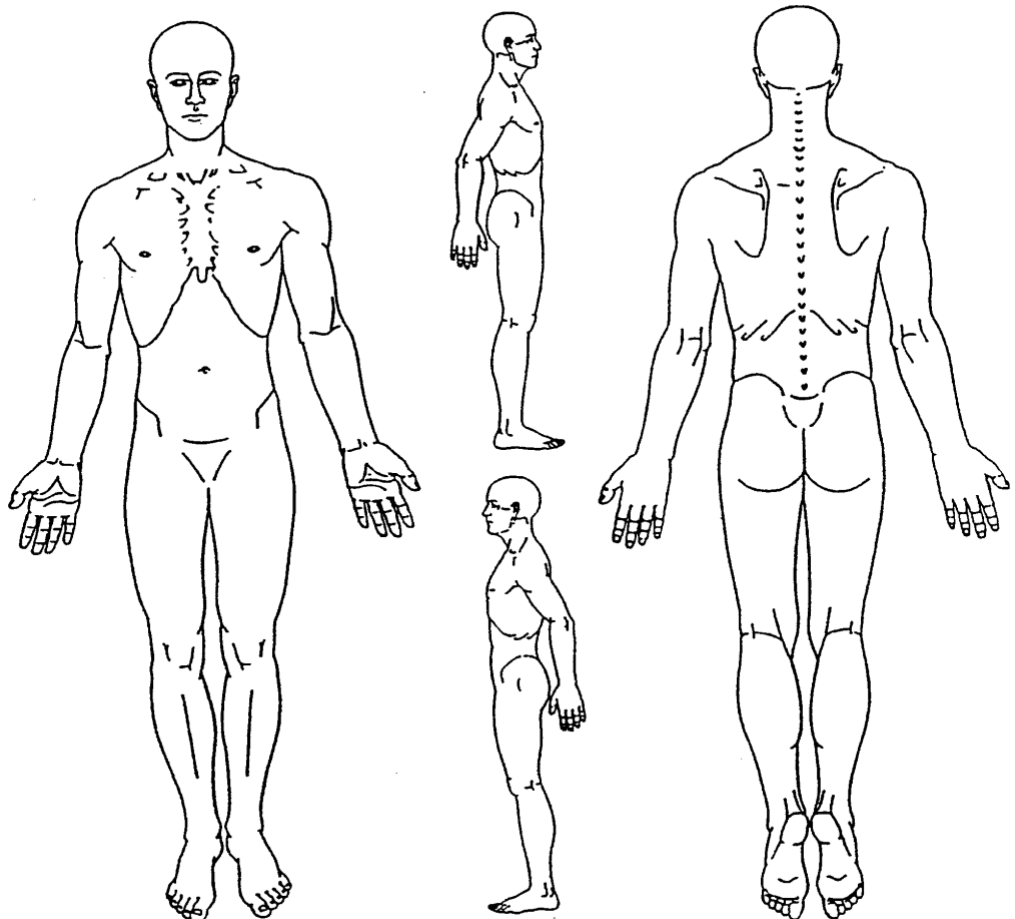
Provider's Name/Contact:

What medication have you taken in the past six months? _____

Have you received, or do you regularly receive some form of massage/bodywork? How often?

What would you like to gain from your experience with Structural Integration?

Please mark areas of pain



Application & Consent for Structural Integration

I understand that the above information is complete to the best of my knowledge and will be held confidential. I understand that the purpose of Structural Integration is to balance and align the physical body so that it is supported by gravity in three-dimensional space. This is done through direct manipulation and education to promote ease in movement. I understand it is necessary for the practitioner to touch my body in a therapeutic way in order to assist me in establishing balance and alignment.

I understand that Structural Integration is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The practitioner does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a Structural Integrator should be misconstrued to be such.

I agree to arrive to my sessions clean and in generally good health (*not contagious*). I also agree give 24 hours notice for appointment cancellations, and know that I may be charged in full for any missed appointments that were not given adequate notice. **I understand and respect a 24-hour cancellation policy.**

I have read, understand, and agree to the above statements,

(Client Signature)

(Date)