

Transcend Bodywork llc

2700 SE 26th Ave, Ste. C, Portland, OR 97202 p:503-407-6046

New Client Intake:

Name: _____ Date: _____ D.O.B.: _____
Address: _____ Apt.: _____ Zip: _____
Phone #'s Home: _____ Work: _____ Cell: _____
Email: _____ Emergency contact: _____
Occupation: _____ Referred By: _____
Are you being treated for an auto accident? _____ Date of Accident: _____
Insurance Co.: _____ Policy #: _____
Claim# _____ Ins. Adjuster: _____ Phone# _____
Attorney: _____ Phone# _____

Please complete both pages of this form.

-Are you currently under a physicians care (MD., D.C., ND., DO.)? With whom? For what?

-Describe the work you do with any other therapy providers (counseling, physical therapy, energy work, acupuncture, other forms of massage, etc.)?

-Please list any surgeries, major illnesses or injuries: (List all that come to mind while thinking about your current health status.)

-What medications (prescription or over the counter), vitamins or herbal supplements do you take? What are they for? Do you have any side effects?

Please check conditions you currently experience or have had trouble with in the past:

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Nicotine Use	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Indigestion	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Easy Bruising
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Headaches	<input type="checkbox"/> Numbness
<input type="checkbox"/> Athletes Foot	<input type="checkbox"/> Migraines	<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Asthma	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Skin Disorders
<input type="checkbox"/> Abuse	<input type="checkbox"/> Constipation	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Joint Swelling
<input type="checkbox"/> HIV or AIDS	<input type="checkbox"/> Cancer	<input type="checkbox"/> Herpes
<input type="checkbox"/> Stroke	<input type="checkbox"/> Mental Health Issues	<input type="checkbox"/> Cold or Influenza
<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Dislocations	<input type="checkbox"/> Sprains or Strains
<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Allergies	<input type="checkbox"/> Visual Impairment

-What are the primary sources of stress in your life?

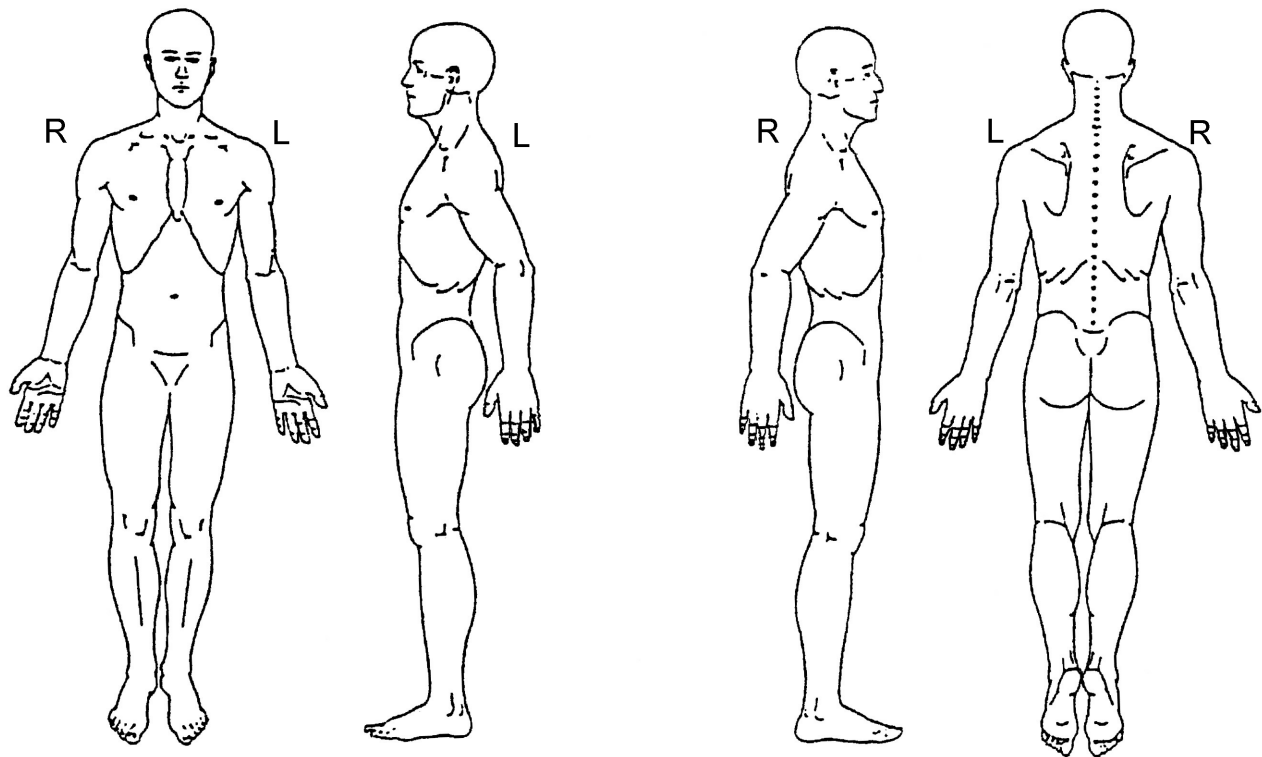
-Where in your body do you most notice the effects of stress? What symptoms do you notice?

-What do you do for exercise? If none, what physical activities do you regularly participate in? (hobbies, etc.)

-What do you do to relax?

-How are you feeling today? (Comment on emotional and physical state please.)

-Please indicate areas of discomfort or desired work by drawing on the diagram below:



I understand that the purpose of this massage is to promote and maintain good health and physical condition, and that Licensed Massage Therapists may not diagnose injury or disease. Massage should not take the place of a Doctors care when care is necessary. Either you the client or the therapist may terminate the relationship should either be experiencing discomfort inappropriate to the situation, including but not limited to physical pain or sexual impropriety. I agree to abide by all office policies of Transcend Bodywork LLC and Aaron Gustafson LMT including the right to refuse service to anyone.

Client Signature

Date

Transcend Bodywork llc

Aaron Gustafson LMT, CAMT II

2700 SE 26th Avenue Suite C

Portland, OR 97202

Phone 503-407-6046 Email Aaron@TranscendBodywork.com

1-01-2018

Fee Schedule for Billed Services

Prices are per unit, one unit = 15 minutes. One hour = 4 units. Billed Rate = \$180.00 per hour for therapeutic treatments. Relaxation/wellness-maintenance sessions are \$120.00 per hour.

<u>CPT CODE</u>	<u>TECHNIQUE:</u>	<u>FEE</u>
97124	Massage Therapy - Therapeutic	\$45.00
97140	Manual Therapy - Myofascial	\$45.00
8E0KX1Z	Relaxation Massage	\$30.00

Time of Service Discount: payment at time of service eligible for 20% discount (= as low as \$100.00 per hour for relaxation/wellness sessions) Pre-payment for promotional packages of three relaxation sessions to be used within 6 months are eligible for an additional discount, please inquire.

We can verify your Massage insurance benefits: email or text a picture of front and back of your insurance ID card, + your Birth date and look into it

Payment due within 30 days of service. Late payments are subject to 5% monthly late fee. Clients are fully responsible for any amounts left unpaid by Insurance. We can accept payments from your FSA or HSA if they've provided you a debit card, or we can provide an invoice to help you seek reimbursement from your FSA or HSA .

Missed or canceled appointments with less than 24 hours notice still incur full session charges, due before any subsequent sessions.

Cancelled or Insufficient funds checks subject to \$35.00 fee + any bank fees.

Fees and policies are subject to change without notice.

Print Name: _____

I have read and agree to be responsible for the described fees, and all office policies of Transcend Bodywork LLC and Aaron Gustafson LMT.

Method of payment: Bill me _____, Bill insurance _____, Cash or Check _____, Credit Card* _____

Signed _____ Date _____

*Credit card payments add 3% convenience fee. Card info will be kept on file and charged in the event of cancellations with less than 24 hours notice.