

Transcend Bodywork llc

2700 SE 26th Ave, Ste. C, Portland, OR 97202 p:503-407-6046 NPI# 1073651477

Name: _____ Pronouns: _____ Birthdate: _____ Date _____

Legal Name: (If different, for insurance billing purposes) _____

Address: _____ Apt.: _____ City _____ Zip: _____

Phone #'s Home: _____ Work: _____ Cell: _____

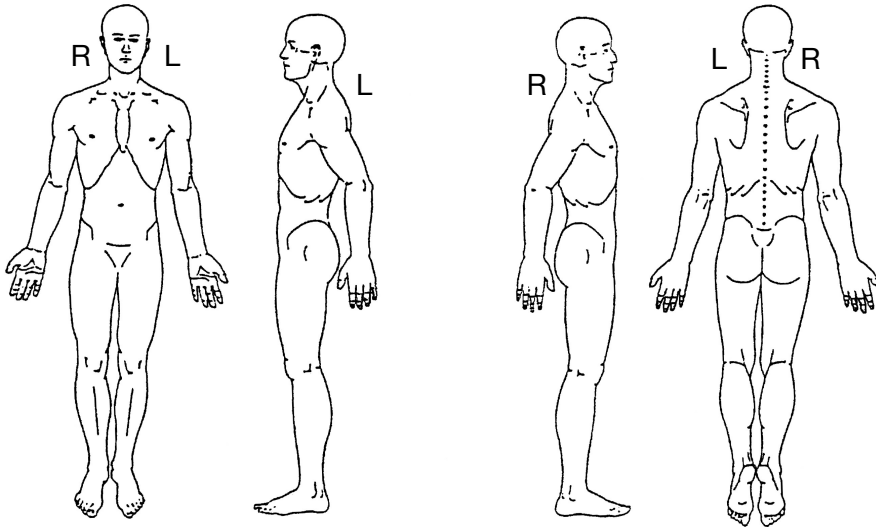
Email: _____ Emergency contact: _____

Occupation: _____ Insurance ID # _____

-Are you currently under a physicians care (MD., D.C., ND., DO.)? With whom? For what? Please list any diagnoses and medications you are taking for those diagnoses:

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

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



Subjective:

O,A,P:

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 all office policies of Transcend Bodywork LLC and Aaron Gustafson LMT including the right to refuse service to anyone. I authorize insurance payments to be made directly to Transcend Bodywork LLC, and release my medical information to be shared with insurance and my health care team.

Client Signature _____ Date _____