Patricia Hopper, LMT
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Be Fluid Bodywork
7000 Roosevelt Way NE, Seattle, WA 98115
befluidbodywork.com

CLIENT INFORMATION

First Name _____ Last Name _____

Preferred Name (if different) _____ Email Address _____

Pronouns _____ Phone _____

Street Address _____ Date of Birth _____ Age _____

City _____ State____ Zip _____ Occupation _____

Emergency Contact _____ Phone _____ Relationship _____

Sign up for email info and newsletter? ☐Yes ☐No How did you learn about me? _____

Be Fluid Bodywork can contact me regarding my appointment via: ☐Email ☐Text ☐Phone (check all that apply)

HEALTH INFORMATION

Health History: Mark any condition you have experienced now or in the past. Please use "**C**" for current and "**P**" for past:

C	P	CONDITION	COMMENT	C	P	CONDITION	COMMENT
☐	☐	Allergies		☐	☐	Hernia/Prolapse/Diastasis recti	
☐	☐	Arthritis		☐	☐	High blood pressure	
☐	☐	Artificial Joint		☐	☐	Hypo or Hyperglycemia	
☐	☐	Asthma/Breathing Issues		☐	☐	Implant (device/cosmetic)	
☐	☐	Autoimmune condition		☐	☐	Low back pain	
☐	☐	Blood clot/Deep vein thrombosis		☐	☐	Low blood pressure	
☐	☐	Bruise easily		☐	☐	Long COVID	
☐	☐	Cancer/Tumor		☐	☐	Mid or upper back pain	
☐	☐	COVID-19 When?		☐	☐	Muscle sprain/Strain	
☐	☐	Decreased sensation/Numbness		☐	☐	Neck pain	
☐	☐	Depression/Mood Issues		☐	☐	Osteoporosis/Osteopenia	
☐	☐	Digestive issues		☐	☐	Pregnancy	
☐	☐	Diabetes		☐	☐	Skin rash/infection/sores	
☐	☐	Fatigue		☐	☐	Tailbone injury	
☐	☐	Fibromyalgia		☐	☐	TMJ/Jaw Pain/Clicking jaw	
☐	☐	Headaches/Migraines		☐	☐	Trouble sleeping/Insomnia	
☐	☐	Heart attack/Stroke		☐	☐	Varicose veins	

Other? _____

LMT Notes:

- Any car accidents, other accidents, injuries or surgeries/procedures?
  In last five years: _____

  More than five years ago: _____

- Not counting your activities of daily living, do you move your body more than once per week (such as stretching, exercise, gardening, dancing, etc.)? ☐Yes ☐No

  What type(s) of movement? _____ How often? _____

- Are you currently receiving treatment from or being monitored by a healthcare provider? (check all that apply)

☐ Conventional (MD) ☐ Naturopathic (ND) ☐ Chiropractic (DC) ☐ Osteopathic (OD) ☐ Other
☐ Physical therapy ☐ Acupuncture ☐ Massage ☐ Therapy/Counseling

For what conditions: _____

- What medications and supplements have you taken this week (prescription or over the counter)? _____

_____

Making Your Session Comfortable and Effective:

What do you hope to get out of your session(s)? _____

_____

Mark your top 1 to 3 choices.

☐ Relaxation/nervous system regulation
☐ Improve general health and wellness
☐ Address an existing condition
☐ Improve gait and/or posture
☐ Other _____
☐ Pain management
☐ Increase body awareness
☐ Better movement
☐ Prepare for or recover from an activity

We can revisit this question as often as we need to make sure your visits are working for you.

I have previous experience with: ☐ Massage ☐ Bowenwork/Bowen therapy ☐ Somatics ☐ None of these

I have trouble lying on: ☐ my front ☐ my back ☐ my side ☐ None of these

I have areas that don't feel good when touched during bodywork or massage. This may be because touch there is ticklish, causes stress, or is sensitive due to pain, altered sensation or any other reason. ☐Yes ☐No

If yes, what general areas? _____

LMT Notes:

Informed Consent and Policy Agreement: (Initial each line and sign below.)

_____ **I understand that I am the decision maker for my health care.** It is my choice to receive massage, manual therapy and/or movement education. I give my consent to Patricia Hopper, Licensed Massage Therapist/Be Fluid Bodywork ("Patricia Hopper"), to give me massage, manual therapy and/or movement education. This consent is valid for one year.

_____ **The medical and health information I have reported is complete and accurate.** I will notify Patricia Hopper of any changes in my physical condition prior to treatment. I understand that massage therapists do not diagnose illness, disease or any other physical or mental condition or prescribe medical treatment, and that nothing said during the session should be construed as such.

_____ **I agree to inform my practitioner any time I feel my well-being is threatened or compromised** during or as a result of care received at Be Fluid Bodywork. I understand I can discontinue the session or request modifications at any time and for any reason. I can do this with words or by raising my hand during a session.

_____ **I agree to communicate with Patricia Hopper regarding COVID-19 exposure and symptoms that occur in the days before or after my appointment.** Specifically, I will contact Patricia Hopper regarding (1) new onset of symptoms consistent with COVID-19 or other infectious illness in the 3 days prior, (2) close contact with someone known to have or suspected of having COVID-19 in the 5 days prior, (3) a new positive COVID-19 test or diagnosis for myself in the 10 days prior. If I develop COVID-19 symptoms or test positive in the five days after my appointment, I agree to inform Patricia Hopper so she can act appropriately to protect herself and other clients. **I agree to follow current CDC COVID isolation guidelines in regards to my appointment. I understand that it is always best to communicate at least 24 hours in advance of my appointment, if I can.**

_____ **I understand that in-office sessions with Patricia Hopper involve being in close physical proximity in a small closed room, which elevates risk of disease transmission, including COVID-19.** I consent to receive massage, bodywork and/or movement education during the COVID-19 pandemic.

_____ **I understand that cancelling my appointment with less than 24 hours notice will result in an $80 cancellation fee.** (Rescheduling due to close COVID contact and/or COVID-like symptoms are currently exempt from this policy. Please be considerate and contact Patricia Hopper as soon as you suspect you may need to cancel your appointment.)

_____ **I understand that it is my sole responsibility to discontinue participation in any suggested or guided movement activities I feel are beyond my capability to safely perform.** I hereby release Patricia Hopper from responsibility for any injuries I may experience as a result of participation in movement activities or programs suggested or guided by Patricia Hopper. I certify that my physical condition, determined by myself and/or my physician, will allow me to safely participate in movement coaching or suggested therapeutic exercises should it be my choice to do so.

Signature _____ Date _____

Consent Renewal:

Washington State Administrative Code states that written consent for massage therapy and bodywork is valid for one year. By signing below, I give my consent to Patricia Hopper to give me massage, manual therapy and/or movement education. I reaffirm agreement to all statements of the Informed Consent and Policy Agreement above.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____