

THINGS TO KNOW BEFORE YOUR BODYWORK VISIT

Please wear loose comfortable clothes that do not restrict your movement. Don't wear jeans, dresses or skirts. Stretchy exercise clothes are fine. These sessions take place with clothing on.

Please thoroughly complete your new patient registration forms before your appointment.

We require 24 hours to cancel an appointment. The fee for missed appointments or late cancellations is \$40.

Allow 60 minutes for your appointment. Seth normally runs on time, so if you are late he may not be able to go over time. Sessions are usually about 50 minutes.

Allow time after your appointment to move slowly to your next activity. Many people feel deeply relaxed after their session and want to go home and rest; this is especially good to do if you are trying to rehabilitate from pain and injury. Others may find it useful to take a walk to take time to notice and integrate changes in their movement after the session. If you plan on exercising it is advisable to do less than your typical routine to allow for new patterns of movement to become more established. When we become fatigued old habits tend to re-insert themselves. Whatever you decide to do it is good to allow some time, even a few minutes of moving slowly and paying attention to your self before rushing off to the next activity.

We will discuss your recommended treatment plan at your visit. This may include advice about movement exercises to do on your own, as well as things to pay attention to in your daily movement and reviewing body mechanics. Usually, Seth recommends a series of 6 sessions to begin with and then to reevaluate at that time. That should be adequate time to determine whether this is a good approach for you. You should notice some positive difference after each session but the benefits of these sessions are cumulative.

New Patient Registration Form

Name: _____ Date: ____/____/____
first middle last

Address: _____
street city state zip

Telephone: _____
home work cell

E-mail: _____ Date of birth: ____/____/____ Age: _____

Occupation: _____ Employer: _____ Marital status: S M D W

Referred by: _____ May we thank him/her? _____

Emergency Contact: _____ Phone: _____

Health Care Practitioners / Doctors: _____

Payment & Cancellation Policies

Seth's fee is \$95, with a sliding scale down to \$75 for economic hardship cases. Payment is due at your appointment. We prefer payment by cash or check, however if you need to use a credit card you may. We are not able to bill insurance for Seth's bodywork services. We desire to not turn anyone away due to lack of funds. If you strongly want and/or need Seth's services and cannot meet the above fee schedule, please ask us about payment alternatives, including special case fee reduction, payment plans and work trades.

The office requires 24 hours notice to cancel an appointment. **You will be charged a \$40 cancellation fee for missed appointments or cancellations with less than a full 24 hours notice.**

We can remind you 1 – 2 days prior to your appointment by email:

Not Necessary: _____

OR

Email: _____ (please print clearly).

By signing below, I do hereby voluntarily consent to comply with the Office Payment & Cancellation Policies at Paris Healing Arts:

Signature: _____

Date: _____

Printed Name: _____

Parent or Guardian Signature: _____

Date: _____

Printed Name: _____

Bodywork and Movement Education Intake Form

Name: _____

What is your chief complaint or what would you like to improve? _____

How long have you had this complaint? _____

Have you ever received treatment for this? If so, by whom and when?

Are there other special interests, or athletic, recreational, or physical activities that you are interested in improving performance in?

Please list any injuries, surgeries, or traumas you have experienced:

Event

When

Event

When

_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____

Please list any medical conditions:

Do you have any other health concerns you would like to share with me?

Seth Paris provides movement education and manual therapy; he does not diagnose or treat medical conditions.

I have read and understood the above statement:

Signed _____ Date _____