

Lorrie Harper - 3D Manual Therapy & Intelligent Movement

Medical History and Consent to Treat Form

Name _____ Date of Birth _____

Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Email Address _____ Physician / Phone#: _____

Medical Conditions:

Do you now have or have you ever had any of the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Lower Back Pain | <input type="checkbox"/> Urinary Urgency/ Incontinence |
| <input type="checkbox"/> Asthma/Breathing difficulties | <input type="checkbox"/> Upper Back / Neck Pain | <input type="checkbox"/> Bladder Suspension Surgery |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Headaches / Migraines | <input type="checkbox"/> Pessery (bladder control device) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> TMJ Disorder | <input type="checkbox"/> Prostrate Surgery |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Dizziness / Vertigo | <input type="checkbox"/> Benign Prostatic Hypertrophy (BPH) |
| <input type="checkbox"/> Tuberculosis (TB) | <input type="checkbox"/> Joint Problems | |
| <input type="checkbox"/> Stent in heart or leg | <input type="checkbox"/> Joint Replacements | |
| <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Bleeding Ulcer | <input type="checkbox"/> Are you currently Pregnant? |
| <input type="checkbox"/> Thrombosis (blood clots) | <input type="checkbox"/> Epilepsy / Seizure | <input type="checkbox"/> Are you trying to become Pregnant? |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hysterectomy |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Cancer | <input type="checkbox"/> Intrauterine Device (IUD) |

Surgeries?

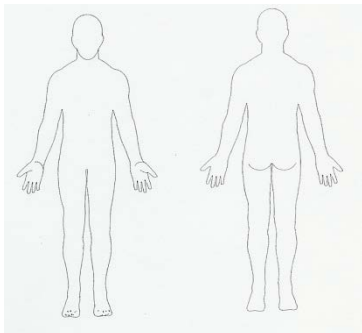
Describe: _____



No Yes

- Do you take medication? Type: _____
- Do you have any cardiac or circulatory problems? _____
- Have you had pain or injuries to your back or neck? _____
- Recent injury? What? When? _____
- Do you have any allergies? _____

What is the reason for your visit? _____



Thank you for your candid answers. All information will be kept in professional confidence.

Today I hurt? (please also mark on figure)

(Please complete the next page)

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Consent to Treat Form & Cancellation Policy

PLEASE TAKE A MOMENT AND CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN YOUR NAME AT THE BOTTOM OF THE FORM:

- I _____, (client) understand that structural manual therapy, visceral manipulation, physical therapy, Pilates training, fitness training and all manual therapies provided by Lorrie Harper MSPT are intended to reduce pain, muscle tension and improve my overall strength and well-being. If I experience severe pain or discomfort during this or any session with Lorrie, I will inform her so treatment may be adjusted to my level of comfort or tolerance.
- I understand that therapy with Lorrie Harper is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. *I am aware that Lorrie Harper does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of the treatment.*
- I understand that there are inherent risks associated with any exercises, and that I have consulted with my physician and I am safe to participate in an exercise program.
- Because manual therapy, fitness training and Pilates training is contraindicated with certain medical conditions, I affirm that I have stated all my known medical conditions and have answered all the questions honestly. I agree to keep Lorrie Harper updated as to any change in my medical profile and understand that there shall be no liability on the part of Lorrie Harper should I forget to do so.
- I understand that sessions with Lorrie are often booked well in advance. Due to this a missed appointment, could be a missed opportunity for somebody else. In fairness to other clients and Lorrie, **If I need to reschedule or to cancel an appointment It requires 24-hour notification** to accommodate the necessary voicemails and return calls.
- **If I cancel less than 24 hours in advance I will be billed a \$30 cancellation fee.**
- I understand that in the case of a **No-Show, the normal appointment fee will be charged.** (There are exceptional circumstances that we can discuss, and agree to what is fair. Your time is just as valuable as my time is, and the cancellation policy is in place to be the greatest benefit to all of us)
- I understand that all fees are payable at the time of services unless other arrangements have been made prior to the session.
- I have read this form completely and understand all its contents. The information I have provided is correct. **With my signature below I affirm my understanding of this information and give permission for Lorrie Harper MSPT to work with me.**

Client Signature

Date