

Client Intake, Consent, & Practice Policy



Wild Rose
Bodywork

Therapist: Kelly Rose Zarcone
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1143 Montreat Rd,
Black Mountain, NC 28711
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Health Information:

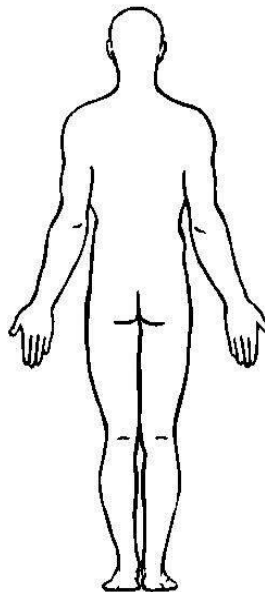
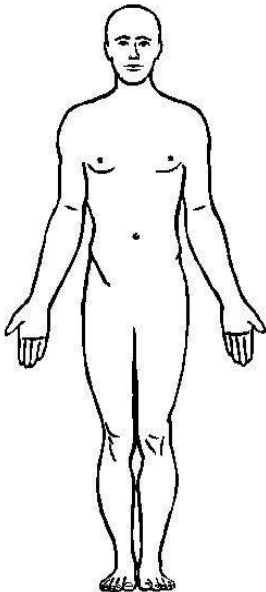
Name: _____ Date of Birth: _____
Gender: _____ Phone: _____ Email: _____
Address: _____
Referred: _____
Emergency contact: _____ Relationship: _____
Emergency contact phone: _____
Physician/Health-care Provider: _____ Phone: _____

Bodywork Information

Have you ever received professional bodywork before? Yes or No

How recently? _____

What are your goals/expected outcomes for receiving bodywork, Somatic Experiencing, or TRE?



Please circle any area that is specifically causing discomfort. Mark "X" on any area of the body that you do not want to be worked on (if any).

Reasons for today's visit:

(Please check any that may apply to you)

- decrease pain
- release stress
- release suppressed emotion
- release trauma
- increase energy
- increase range of motion

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness or tingling, swelling, etc.)

Do these symptoms interfere with your activities of daily living (e.g. sleep, exercise, work, childcare)? Yes or No

Explain: _____

Health History

List the medications you currently take:

Check any conditions that apply to you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> High/Low Blood Pressure |
| <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Migranes/Headaches | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Degenerative Spine/Disk |
| <input type="checkbox"/> Autoimmune Disorders | <input type="checkbox"/> Pitted Edema | <input type="checkbox"/> Contagious Disease |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Ringing in Ears |
| <input type="checkbox"/> Neurological Disorders
(e.g. MS, Parkinson's) | <input type="checkbox"/> Heart/Circulatory
Problems | <input type="checkbox"/> Muscle or Joint
Pain or Stiffness |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Metal Implants | <input type="checkbox"/> Numbness or tingling |
| <input type="checkbox"/> Cancer (list type) | <input type="checkbox"/> Fractures (list where) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Thyroid Conditions | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Memory Loss/Confusion | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Accidents |
| <input type="checkbox"/> Scar Tissue | <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Irritability or Shame | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Sciatica | <input type="checkbox"/> Head trauma | <input type="checkbox"/> Jaw Pain (TMJ) |

Other: _____

List any significant hospitalizations and or surgical procedures, reasons and dates: _____



Practice Policies

Scheduling: Appointments can currently be made via email, phone, or instagram. Scheduling bodywork, Somatic Experiencing and TRE sessions **close together** is recommended initially in order to maximize results.

Cancellations: 24 hour advance notice is required for cancellations except in the case of sickness or emergencies. Late notice cancellations and no-shows will be charged at the full rate.

What to Wear:

For **Myofascial Release** and **CranioSacral treatments** individuals should wear comfortable underwear or exercise shorts. If needed wear a sports bra, tank top, or a 2-piece bathing suit. Basically, wear whatever is most comfortable for you. These kinds of bodywork therapies require direct contact with the skin and standing postural evaluations and will not use top-sheet draping methods except as required for warmth.

For **Integrative Massage** sessions you will be fully draped the entire time. Simply undress to your level of comfort under the sheet while the therapist is out of the room.

TRE sessions are done fully clothed. Typically loose fitting and comfortable clothing are best because they allow you to perform TRE's simple movements and exercises. Bringing upper body layers is helpful because you may get both warm and cool throughout the TRE process.

Somatic Experiencing sessions are done fully clothed and require no special considerations beyond comfort.

Payment: Cash, check, Venmo, and credit card payments are all accepted.

Confidentiality: All of the information shared is kept confidential unless a written release is approved and signed by you. Certain legal limits on confidentiality do exist and do not need a release from you:

- 1) If there is convincing evidence that you are in immediate danger to yourself or others, legal action may be taken for your own protection and the protection of others.
- 2) If you are involved in a medical emergency.
- 3) Incidents of child or elder abuse including physical, sexual, or neglect must be reported by me.
- 4) A court of law may subpoena information and may order release of information.

What to expect: It is common to feel increased range of motion after sessions, but with increased soreness. This is due to the detoxification process. Bodywork allows tense hard tissues to restore to a more elastic and fluid state, allowing trapped toxins within the tissues to release and be flushed out of the system. The detoxifying process (which may include aches and pain, sometimes but very rarely, nausea, skin rash, headaches, loose stool, and flu-like symptoms and a low grade fever) is temporary and will decrease substantially within 1-2 days. Most often people feel slight soreness or are a bit tired afterwards. Be aware that sensations, emotions, and memories from past experiences can surface during bodywork and somatic treatments. It is also quite common for the body to vibrate, tremble, or move spontaneously during a release which is in part how the nervous system rebalances, all of which are normal responses.

Covid Protocols: We do require masks when you enter the building. However once you enter my room I allow people to take off their masks if they choose to. If requested, I am happy to wear an N-95 mask for your entire session. If you choose you may wear a mask on the table as well. I have disposable face coverings that are thrown away after each session. The room is thoroughly wiped down, disinfected, and cleaned after each session. **I am fully vaxxed and boosted** and choosing to get tested with the PCR test every 2 weeks. If you have any special needs or concerns, please don't hesitate to ask.

Post-session self-care: Please be attentive to the needs of your body and nervous system after sessions. It is recommended that you give yourself adequate rest and drink extra water even if you don't think you need it. Many clients benefit from taking an Epsom salt bath after bodywork to relieve soreness and relax and speed up the detoxification process.



Signature: _____ **Date:** _____

Parent or Guardian Signature (in case of a minor) _____

Consent for Treatment

I, _____ (client), understand that bodywork, massage, TRE, or SE (Somatic Experiencing) therapy provided by the licensed therapist at Wild Rose Bodywork is intended to enhance relaxation, reduce pain caused by muscle or connective tissue tension, increase range of motion, improve circulation, and screen for potential movement limitations, as well as offer reparative and positive experiences of touch for previous trauma and difficult life experiences. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort or we can appropriately change the course of treatment during the session.

The general benefits of bodywork and other treatments (TRE, SE, etc), possible contraindications, and the treatment procedures have been explained to me. I further understand that these therapies should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware.

I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness and will not be part of any therapy performed at Wild Rose Bodywork. I understand that Kelly Zarcone is not a licensed counselor or Psychotherapist and abides by best practices under her massage therapy license and follows her certification guidelines for SE and TRE, for clients seeking relief and understanding about trauma related somatic therapies.

I have informed my therapist of all my known physical conditions, medical conditions and medications, and recent or relevant traumas that may influence our work and have done so honestly. I agree to keep the therapist updated on any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I have received a copy of the Practice Policies. I understand them and agree to abide by them.

Client signature _____ Date: _____

Parent or Guardian Signature (in case of a minor) _____

