

# Body, Mind & Spirit: The Trager® Approach

## Client Information

In order to provide you with the most effective care, please answer the following questions:

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Work phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

1. Are you currently under a doctor's care for a specific condition? \_\_\_\_\_

\_\_\_\_\_

2. Please describe any areas of pain, illnesses, injuries or past surgery which may be relevant to receiving bodywork. \_\_\_\_\_

\_\_\_\_\_

3. Please list any medications you are taking. \_\_\_\_\_

\_\_\_\_\_

4. What types of bodywork have you received and how often? \_\_\_\_\_

\_\_\_\_\_

5. What do you expect from bodywork? \_\_\_\_\_

\_\_\_\_\_

6. Please describe any regular exercise or work activities you do which may influence which areas need special attention.

\_\_\_\_\_

\_\_\_\_\_

There are some conditions for which bodywork may need to be modified or may be inappropriate. Please indicate if you currently have any of the following:

- |                                                                      |                                            |                                                  |
|----------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Arthritis                                   | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Allergies               |
| <input type="checkbox"/> Bursitis                                    | <input type="checkbox"/> Cancer            | <input type="checkbox"/> Bronchitis              |
| <input type="checkbox"/> Diabetes                                    | <input type="checkbox"/> Fibromyalgia      | <input type="checkbox"/> Circulatory Disorders   |
| <input type="checkbox"/> Lupus                                       | <input type="checkbox"/> Migraine Syndrome | <input type="checkbox"/> Heart Disease           |
| <input type="checkbox"/> Osteoporosis                                | <input type="checkbox"/> Phlebitis         | <input type="checkbox"/> Mononucleosis           |
| <input type="checkbox"/> Sciatica                                    | <input type="checkbox"/> Thrombosis        | <input type="checkbox"/> Pregnancy               |
| <input type="checkbox"/> History of physical, verbal or mental abuse |                                            | <input type="checkbox"/> Varicose Veins          |
|                                                                      |                                            | <input type="checkbox"/> High/Low Blood Pressure |

Other: \_\_\_\_\_  None of the Above

### **Trager® Bodywork Informed Consent**

I \_\_\_\_\_, (client) understand that Trager® bodywork provided by Judy-Rose Seibert (massage therapist/ Trager® practitioner) is intended to enhance relaxation, reduce pain caused by muscle tension, improve circulation and offer a positive experience of touch.

The general benefits of bodywork, possible contraindications and Trager® bodywork have been explained to me. I understand that massage therapy/Trager® bodywork is not a substitute for medical treatment or medications, and that it is recommended that I work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist/ Trager® practitioner does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy or Trager® bodywork.

I have informed Judy-Rose Seibert of all my known physical conditions, medical conditions and medications, and I will keep her updated on any changes.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

### **Permission to Discuss Condition with Health Care Provider(s)/Others**

I give Judy-Rose Seibert permission to discuss my condition/my Trager® sessions with the following health care providers, yoga instructors and/or other persons:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date