Jessica Kraus
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Thank you for allowing me to be part of your healthcare journey. It is an honor and a privilege to work with people like yourself, who are in search of optimal wellness. You have taken the first step simply by seeking out natural and alternative therapies, which are provided to you at our office. This is your New Patient Intake Packet for Body Work and will need to be filled out prior to your initial appointment. The information you provide is completely confidential and used strictly for constructing the safest and most effective treatment plan I can provide you. Please read, fill out, and sign the forms and fax, mail, or drop off this packet prior to your appointment. It is our policy to confirm appointments one to two business days prior. A message will be left at the number you provide if you are unavailable to personally confirm your appointment. Meeting with you is important to me and that time is very valuable. I ask that you give at least 24 hour notice if you need to cancel or change your appointment. There is a $25.00 fee for missed appointments. If you need further information you may call the office. I look forward to meeting with you!

I have been passionate about helping others for many years. My practice is focused on a Body/Soul/Spirit connection. Each and every one of us posses the ability to help heal ourselves, once we become fully connected within our own bodies. We are uniquely and wonderfully created individuals, consisting of a complexity that is so beautiful when nurtured properly. As a therapist, it is again an honor and privilege to assist you in reaching your full potential. This passion for helping others lead me to pursue my education so that I can be equipped with the proper tools needed to be effective. I graduated from the Institute of Business and Medical Careers in Fort Collins, Co in 2005 with honors, completing 800 hours of massage training. I have continued my training and education ever since. In 2012 I completed a Holistic Health Practitioner Certification through Front Range Community College in Fort Collins, Co. This certification allows me to utilize the vast realm of holistic and alternative therapies and modalities for which I have been trained for. In 2013 I became certified in Reflexology. I am currently obtaining board certification in Health & Wellness Coaching. Continuing education is very important in health-care because of the ever evolving techniques and modalities. Besides that, I love school and believe that we should never stop learning.

It takes a team working together to obtain the best results, therefore, you are entitled to seek opinions from other health care providers. And, are encouraged to seek medical professionals that you are comfortable with and that fit your needs the best. If the need arises for a referral, I will be happy to assist you in finding a provider that aligns with your values. Your treatments at each visit with me will be tailored to the need at that time.

Personal Information:

Name:_____ Phone:_____ Date:_____

Address:_____ City/State/Zip_____

Email:_____ Date of Birth:_____ Occupation_____

Emergency Contact:_____ Phone:_____

Fee schedule:

1 Hour Massage	$90	Reflexology (Hands,Feet,Ears)	
90 Minute Massage	$120	1 Hour	$80
30 Minute Massage	$50	30 min	$45
Constitutional Hydrotherapy	$75		
GuaSha	$25		

Packages may be available upon request

Prices are subject to change without prior notice

Payment Requirements:

Payment is required at the time of service. I accept Visa, Mastercard, check, cash. You will be charged a $25 fee for returned checks.

Insurance: I do not have accounts set up with any insurance companies. However, I can provide a superbill for you to submit for reimbursement if your insurance will allow. Please inform us if you need this detailed superbill when you check out.

Health Questionnaire

The following information will be used to help plan safe and effective sessions. Please answer the questions to the best of your knowledge.

Have you had a professional massage before? Yes No

If yes, how often do you receive massage?_____

Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain_____

Do you have any allergies to oils, lotions, or ointments? Yes No

If yes, please explain_____

Do you have sensitive skin? Yes No

Are you sensitive to extreme temperatures? Yes No

Are you wearing Contact lenses____Dentures____Hearing Aid____Pace Maker____Arch supports____

Do you sit for long hours at a workstation, computer, or driving? Yes No

If yes, please explain_____

Do you perform any repetitive movement in your work, sports, or hobby?

If yes, please describe_____

Do you experience stress in your work, family, or other aspects of your life? Yes No_____

If yes, how do you think it has affected your health?

MuscleTension____Anxiety____Insomina____Irritability____Other_____

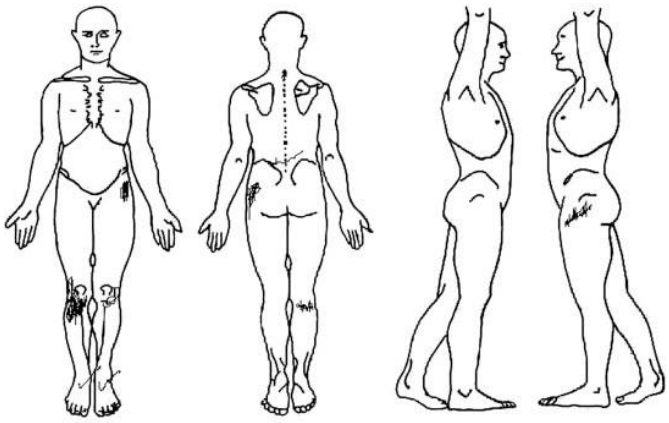
_____

What have you done to relieve the stress?_____

_____

Is there a particular area of the body where you experience tension, stiffness, pain, or other discomfort? Yes No

Please indicate on the diagrams below where you feel the above symptoms



Are you currently under the care of a physician? Yes No

If yes, please explain who and for what purpose_____

Are you taking any medication, supplements, vitamins, etc?

_____

_____

_____

_____

_____

_____

MEDICAL HISTORY:

Please check any conditions listed below that applies to you:

Cardiovascular

___presently experiencing fever
___shortness of breath
___repeated chest pain
___dizziness and fainting
___frequent cold hands or feet
___frequent tingling in lips or fingers
___varicose veins

Digestion

__continued trouble digesting
__gas or bloating
__constipation or diarrhea
__ulcers or acute stomach pain
__"heartburn" or acidic stomach
__loss of appetite
__use of laxatives
___hiatus hernia

Nervous System

___unexplained bodily weakness
___constant nervousness and anxiety
___tight feeling in stomach or throat

Musculoskeletal

__painful muscle tension
__headaches
__constant neck pain

___perspiring hands and feet
___irritability
___depression

___muscle cramps
___twitching muscles
___frequent backache
___sore or aching joints
___frequent cracking or popping of joints
___repeated sprains or dislocations
___pain or difficulty walking
___disc problems

Immune System
___frequent colds or flu
___wounds heal slowly
___frequently fatigued
___history of swollen glands

Respiratory
___frequent cough
___frequent congestion
___sinus problems

Skin
___frequent skin infections
___communicable skin infections
___psoriasis
___eczema
___rashes
___bruising easily

Women
___frequent or severe menstrual cramping
___pelvic inflammation or infection
___presently pregnant
___bladder infection
___menopausal symptoms

Men
___prostate and/or urinary infections
___painful urination

Sensory
___ringing in ears
___balance
___hearing
___vision
___memory
___ticklishness

Vaccinations	**Year(s)**
___COVID	_____
___DPT (Diptheria, Pertussis, Tetanus)	_____
___Booster (Usually DT)	_____
___Polio Injection	_____
___Polio Oral	_____
___MMR (Measles, Mumps, Rubella)	_____
___HBV (Hepatitis B Vaccine)	_____
___Other (Flu shots, etc.)	_____

Is there anything else about your health history that you think would be useful for me to know in order to plan a safe and effective session for you? If you marked any of the above conditions, please explain.

_____

_____

_____

_____

_____

_____

I acknowledge and agree to the above information and understand the conditions stated. The information I provided is up-to-date and accurate and I agree to update Jessica if anything changes with my health. By signing this form, I verify that I have read and understand the terms of services rendered to me by Jessica Kraus.

Printed Name_____

Signature_____Date_____

(Signed by guardian if under-age)