

Boundless LLC

Myofascial Release and Craniosacral Therapy New Client Forms

Name: _____ DOB: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name/Number: _____

How did you hear about Boundless? _____

Referred by another care provider* (name if applicable) _____

* We will fill out a medical release form if you desire to keep your care provider updated on your progress.

Consent to communication:

I consent to receiving communication about the scheduling of appointments. I understand that there will be no advertising or unsolicited messages sent. Mark and include information for those that you consent to:

- Email: _____
- Text: _____
- Voicemail: _____

Consent to treat: (Please ***initial*** below):

_____ I understand that my personal health information privacy will be maintained. No information will be shared with other parties unless verbal/written permission is provided.
(Reference: THE NOTICE OF PRIVACY PRACTICES POLICY)

_____ I understand that Boundless LLC offers service on a cash-pay basis as a wellness service. Boundless LLC /Bethany Kempfert, PT has no contracts with any insurance companies and is "non-enrolled" with Medicare. I understand that this is non-covered service for Medicare and most insurances do not cover "wellness" services. Health Savings Accounts and Flexible Spending may be utilized depending on individual policies. I agree to pay out of pocket for my services without any expectation that my health plan will reimburse me. (Reference: THE PAYMENT AGREEMENT POLICY)

_____ I understand that Bethany Kempfert, PT can provide direct access treatment as allowed per the Wisconsin Physical Therapy Practice Act. Where necessary, we may seek approval from MD on appropriateness of treatment, or refer to another healthcare provider if necessary services exceed the PT scope of practice or fall outside of Boundless' business model.

Policies referenced above may be accessed at www.boundlesspt.com under the "Prepare" tab

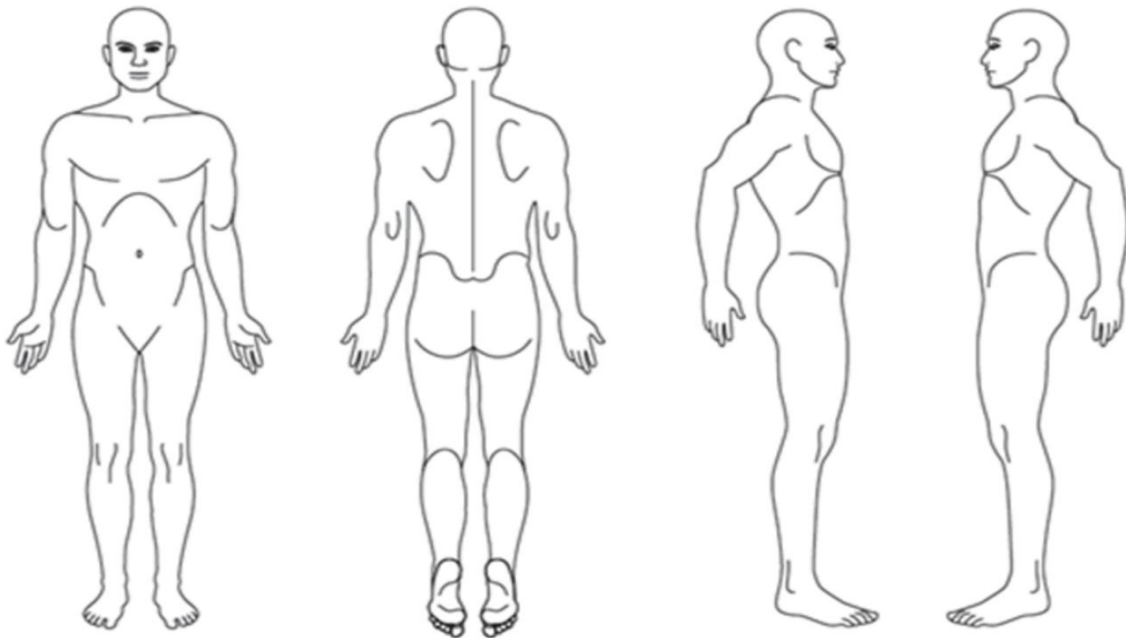
Client Signature: _____ Date: _____

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What brings you to *Boundless*? What are your specific goals for your session(s)? _____

Pain Drawing: Please shade areas of current or recent pain or discomfort on the drawings below.



Pain scale: Please circle numbers below that indicate the best and worst intensities of your most problematic pain area in the last 24 hours.

Best: No pain 1 2 3 4 5 6 7 8 9 10 Worst imaginable

Worst: No pain 1 2 3 4 5 6 7 8 9 10 Worst imaginable

What makes your pain worse: _____

What makes your pain better: _____

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Medical History: (please list any current conditions, or past problems that still impact you)

Ears, Nose, and Throat _____

Cardiovascular (Heart, BP, Stroke, etc.) _____

Respiratory (Asthma, Emphysema, etc.) _____

Gastrointestinal (Stomach, Ulcers, etc.) _____

Genital, Kidney, Bladder _____

Muscles, Bones, Joints (Arthritis, etc.) _____

Skin (Acne, Warts, Skin Cancer, etc.) _____

Neurological (Multiple Sclerosis, Headaches, Seizures, etc.) _____

Endocrine (Diabetes, Thyroid, etc.) _____

Blood, Lymph (High Cholesterol, Anemia, etc.) _____

Allergic, Immunologic (Hay Fever, Lupus, etc.) _____

General Health (Fever, Weight Gain/Loss, Unusually Tired, History or current cancer, etc.) _____

Social/Emotional (Depression, Anxiety, etc.) _____

Current pregnancy (how many weeks): _____

Past births (vaginal vs. C-section): _____

Other: _____

History of Accidents, Traumas: _____

Surgical history: _____

Medications: (You may just list what you medicate for instead of names, example: blood pressure, anxiety, anti-inflammatory)

