



HELLERWORK CLIENT FORM

NAME

AGE

BIRTH DATE

TODAY'S
DATE

ADDRESS

PHONE (HOME)

(WORK)

How did you hear about Hellerwork? _____

Please check any of the following modalities and healing arts that you have experienced:

- | | | |
|-----------------------------|--------------------|-----------------------------------|
| _____ Massage | _____ Chiropractic | _____ Phoenix Rising Yoga Therapy |
| _____ Acupuncture | _____ Reflexology | _____ Craniosacral |
| _____ Yoga | _____ Meditation | _____ Spiritual Healing |
| _____ Other (Explain) _____ | | |

Please explain briefly how you experience your body currently in relation to:

1. Posture and structural alignment _____

2. Areas that may be restricted in movement _____

3. Areas of tension _____

4. Areas of pain _____

5. Areas that feel good _____

6. Other problem areas _____

What in your life is currently your biggest concern? (Physical, Emotional, Social, Spiritual)

What are you currently doing for yourself in terms of: Exercise, Stress Management, Self-Caretaking?

What do you hope to receive from Hellerwork in your body and in your life?

Please list any history of surgeries, major illnesses, chronic conditions, accidents, injuries, or anything that might be relevant to your participating in Hellerwork sessions.

The following questions are designed to enable both you and your practitioner to monitor the results of your series. Please rate each item on a scale of 0-10; 10 being the highest or most positive rating, 0 being the lowest. Remember, these are in reference to how you view/experience yourself.

1. My physical appearance _____
2. Health _____
3. How I present myself to others and the "outer world" _____
4. Well-being _____
5. Energy Levels _____
6. Enjoyment of my physical body _____
7. Stress and tension levels _____
8. Knowledge of my body (how it moves, etc.) _____
9. My ability to deal with others _____

10. My experiences of pain; physical _____, emotional _____
11. My capacities to express and communicate my feelings and needs _____
12. My self-caretaking and nurturing _____

Please check any of the practitioners you are currently seeing or have seen regularly in the last five years:

_____ Chiropractor _____ Medical Physician _____ Massage Therapist

_____ Acupuncturist _____ Physical Therapist _____ Psychotherapist

_____ Other _____

Is there anything else that you would like me to know before we start our work together?

INFORMED CONSENT

I hereby apply for and consent to processing in Hellerwork by Mark Ensweiler, who has explained to me the general process and various results of Hellerwork body work and movement re-education. I understand that these results vary from individual to individual and that no specific results can be guaranteed. Furthermore, I understand that any relief of physical and/or emotional symptoms as consistent with the alignment and "integration" of the total human being and that alleviation of symptoms is often a part of but is not necessarily the primary goal of Hellerwork. I further understand that the practitioner is not attempting to perform services of a psychotherapist.

I understand that it is necessary for the practitioner to touch my body as part of, the therapeutic process of assisting me in establishing balance and alignment in my body. I give the practitioner my permission and consent to do all those things necessary in helping me establish balance and alignment. I give the practitioner full privilege and license to work, manually, on my body in a professional and appropriate manner to help restore and establish more balance and alignment therein.

I understand that photographs and videotape recordings may be utilized in my evolution process and that these are always part of my individual and private file and will not leave my file unless I give written permission. I also understand that all verbal dialogue and interactions that may occur during these sessions are strictly confidential.

I agree to pay for my sessions at the time of services unless other arrangements have been made and have been mutually agreed upon. I agree to cancel any appointments at least 24 hours in advance, barring last minute, unpredictable situations.

Signature
(Parent or legal guardian if client is a minor)

Date



LOTUS HEALING ARTS

P.O. Box 908
2610 Post Road
Plover, WI 54467

(715) 345-0655

Prescribed Medicines

Please initial here if not taking any prescribed medications:

[illegible]

Medication Allergies

Please initial here if no medication allergies: _____

[illegible]