



# Heart of Zen

Chinese Medicine · Zen Shiatsu · Qigong

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Email: \_\_\_\_\_

Physician: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Primary concern(s): \_\_\_\_\_

\_\_\_\_\_

What makes it better? \_\_\_\_\_

\_\_\_\_\_

What makes it worse? \_\_\_\_\_

\_\_\_\_\_

Other therapies: \_\_\_\_\_

Herbs/Supplements/Medications: \_\_\_\_\_

## Health & History:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AIDs/HIV           | <input type="checkbox"/> Fever               | <input type="checkbox"/> Smoke             |
| <input type="checkbox"/> Alcoholism         | <input type="checkbox"/> Fibromyalgia        | <input type="checkbox"/> Spinal injury     |
| <input type="checkbox"/> Allergies          | <input type="checkbox"/> Fractures           | <input type="checkbox"/> Stroke            |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Heart disease       | <input type="checkbox"/> Surgery: _____    |
| <input type="checkbox"/> Blood clots or DVT | <input type="checkbox"/> High bp             | _____                                      |
| <input type="checkbox"/> Cancer             | <input type="checkbox"/> Joint inflammation  | _____                                      |
| <input type="checkbox"/> Cysts              | <input type="checkbox"/> Migraines           | <input type="checkbox"/> Thyroid disorders |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Multiple Sclerosis  | <input type="checkbox"/> Tumors            |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Parkinsons          | <input type="checkbox"/> Varicose veins    |
| <input type="checkbox"/> Edema/swelling     | <input type="checkbox"/> Pregnancy (w/in yr) | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Scars or adhesions  | _____                                      |
|   | <input type="checkbox"/> Seizures            | _____                                      |
|   | <input type="checkbox"/> Skin inflammation   |  |



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## **ASIAN BODYWORK THERAPY DEFINITION**

Asian Bodywork Therapy is the treatment of the human body/mind/spirit, including the electromagnetic or energetic field, which surrounds, infuses, and brings that body to life, by pressure and/or manipulation. Asian bodywork is based upon traditional Chinese medical principles for assessing and evaluation the energetic system. It uses traditional Asian techniques and treatment strategies to primarily affect and balance the energetic system for the purpose of treating the human body, emotions, mind, energy field and spirit for the promotion, maintenance, and restoration of health.

Methods of Assessment and evaluation may include the Chinese Four Pillars of Examination, which are: observing, listening, asking, and touching. Assessments are based primarily on Chinese medicine parameters relating to the balance and circulation of the five essential substances: *Qi, Jing, Shen, Xue,* and *Jin-ye.*

Asian Bodywork Therapy is one of three branches of Chinese medicine in which the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) certifies people for entry level into the profession. Treatment may include, but is not limited to: touching, pressing, or holding of the body along meridians and/or acupoints, primarily with the hands; stretching; external application of medicinal plant foods, heat or cold; dietary and exercise suggestion. Cupping, *gua sha*, moxibustion and other methods/modalities may also be used by properly trained practitioners.

## **PRIVACY INFORMATION**

I understand that all client records are kept in the private office of Michelle Racich. I have the right to review my records and request amendments or corrections. I also have the right to request an accounting of the information and disclosures made. No one in Racich's office is permitted to disclose information about me as a client to insurance companies, doctors' offices, lawyers' offices, or anyone outside Racich's office who is requesting information about me without my authorization.

## **HOLD HARMLESS**

I understand that Shiatsu is not a substitute for medical treatment. I agree to hold harmless Michelle Racich against losses, claims, damages, liabilities, costs and expenses in connection with services rendered in Shiatsu sessions.

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Signature

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date