

Patricia Babin, LMT
Jin Shin Do® Registered Acupressurist
NCCAOM Diplomate in ABT

Preparing For Your Session

Jin Shin Do® BodyMind Acupressure® and energy healing are clothes-on modalities. Please wear light weight clothing (yoga or lounging pants and a camisole or t-shirt). The acupoints will be accessed through your clothing, so it's important that the fabric not be too heavy or bulky.

Most massage techniques are traditionally performed with the client unclothed, however, it is entirely up to you what you want to wear. You should undress to the level of your comfort. You will be properly draped during the entire session.

Before your first session, please print, completely fill out, and bring with you each of the 4 forms that follow. Should you have any questions while completing these forms, please contact me.

Payment for services is due at the time of your appointment. Checks, cash and major credit cards are accepted.

Less than 24 hour cancellation will incur the full session fee.

Thank you. I look forward to being your partner in your personal path to health!

Consent for Treatment Acupressure / Massage Therapy / Energy Healing

The purpose of this consent is to explain what I can do for you and what you can expect. My belief about healing is that each of us is his or her own healer; that healing comes primarily from within. I can assist you in your healing by doing various kinds of treatment, which will balance your energy and enhance your sense of well-being. Among the techniques that I use are Jin Shin Do® BodyMind Acupressure® and energy work done with both of my hands on the body and also throughout the Human Energy Field which surrounds the body, and Massage Therapy. At times, I may also employ the use of Creative Visualization to aid in your healing process.

We may discuss the major stresses of your life, your belief system, health history and your childhood, and any other issues that have influence on your emotional and physical well-being. These discussions will be kept confidential. I may recommend some dietary or lifestyle changes, which you may implement if you choose. I may be able to tell you where energy is imbalanced in your body and help you to release these blocks.

I am NOT a physician or a psychotherapist and therefore do not diagnose disease or prescribe drugs. I am a healing practitioner.

At all times, your healing is your responsibility. I am available to be your partner in this process, your committed listener and your mirror. I do not advise you to discontinue any medical treatment or psychotherapy you may now be receiving. My work is intended to be in harmony with any other healing work you may undertake, including western medicine. Please feel free to discuss our work with your doctor or therapist.

I prefer to set up a regular schedule to work with you, but there is never an obligation to do this or to continue treatment. I would appreciate as much notice as possible if you have to reschedule an appointment; **with less than 24 hours notice, the full fee will be charged for the missed session.**

In signing this "Acknowledgement and Release", you agree that I may work with you in the above described manner. I make no promises other than those outlined above. Most of my clients experience increased well-being and improvement in their condition; some have experienced complete healing. But I cannot promise you these things. I am not aware of any risks or negative side effects associated with these treatments.

Patricia Babin, LMT
Jin Shin Do® Registered Acupressurist
NCCAOM Diplomate in ABT

By signing below, you acknowledge that you have read the above statements and agree to treatment under these terms.

Client _____ Date: _____

Health History

Check the following conditions that apply to you, past and present. Please add your comments to clarify the condition.

Musculo-Skeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains/sprains
- Back, hip pain
- Shoulder, neck, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems walking
- Jaw pain/TMJ
- Tendinitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone or joint disease
- Other: _____

Circulatory and Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Cold feet or hands
- Cold sweats
- Swollen ankles
- Pressure sores
- Varicose veins
- Blood clots
- Stroke
- Heart condition
- Allergies
- Sinus problems
- Asthma
- High blood pressure
- Low blood pressure
- Lymphedema
- Other: _____

Skin

- Rashes
- Allergies
- Athlete's Foot
- Warts
- Moles
- Acne
- Cosmetic surgery
- Other: _____

Digestive

- Nervous stomach
- Indigestion
- Constipation
- Intestinal gas/bloating
- Diarrhea
- Diverticulitis
- Irritable bowel syndrome
- Crohn's Disease
- Colitis
- Adaptive aids
- Other: _____

Nervous System

- Numbness/tingling
- Twitching of face
- Fatigue
- Chronic pain
- Sleep disorders
- Ulcers
- Paralysis
- Herpes/shingles
- Cerebral Palsy
- Epilepsy
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Spinal cord injury
- Other: _____

Reproductive System

- Pregnancy:
 - Current
 - Previous
- PMS
- Menopause
- Pelvic Inflammatory Disease
- Endometriosis
- Hysterectomy
- Fertility concerns
- Prostate problems

Other

- Loss of appetite
- Forgetfulness
- Confusion
- Depression
- Difficulty concentrating
- Drug use _____
- Alcohol use _____
- Nicotine use _____
- Caffeine use _____
- Hearing impaired
- Visually impaired
- Burning upon urination
- Bladder infection
- Eating disorder
- Diabetes
- Fibromyalgia
- Post/Polio Syndrome
- Cancer
- Infectious disease (please list) _____
- Other congenital or acquired disabilities (please list) _____
- Surgeries _____
- Other: _____

For clients who need mobility assistance,
please give your
height: _____ weight: _____

Please list any additional comments regarding your health and well-being:

I have stated all conditions that I am aware of and this information is true and accurate. I will inform the health care provider of any changes in my status.

Client's Signature: _____

Date: _____

Patricia Babin, LMT
Jin Shin Do® Registered Acupressurist
NCCAOM Diplomate in ABT

Client Information

Name _____
Address _____ City _____
State _____ Zip _____ Home Phone _____ Cell Phone _____
Email _____
Occupation _____ Sex _____
Date of Birth _____ Referred by _____
Marital Status _____ Name of Spouse _____
Service Requested: ___ Acupressure ___ Massage Therapy ___ Energy Healing ___ Yoga

1) Reason for making this appointment (most important goal(s) or focus)

2) What treatment(s) have you had for this condition? _____

3) Are you currently being treated by any of the following: Permission to consult?
() Medical Doctor Name _____ Release () Yes () No
() Chiropractor Name _____ Release () Yes () No
() Psychiatrist/Therapist Name _____ Release () Yes () No
() Other Practitioner Name _____ Release () Yes () No

4) Please list any medications and their purpose (continue on back if necessary):

Med _____ Purpose _____
Med _____ Purpose _____

5) Have you had any surgery? () No () Yes Please explain _____

6) Do you have trouble lying in any position? _____

7) Do you have allergic reactions to anything? _____

8) Are you pregnant at this time? _____

9) Emergency contact: Name _____ Phone _____

Additional information that may be helpful in accomplishing your goals _____

All information taken on this form is confidential.

Patricia Babin, LMT
Jin Shin Do® Registered Acupressurist
NCCAOM Diplomate in ABT

Client Status Report

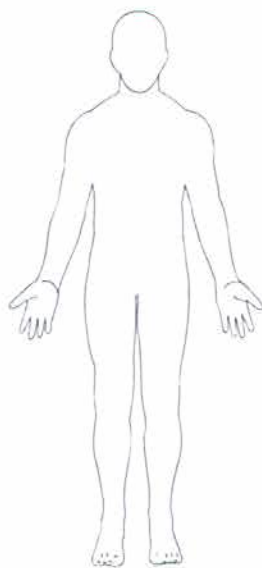
Name: _____ Date: _____

Please identify current problem areas in your body by drawing the appropriate symbols on the diagrams below.

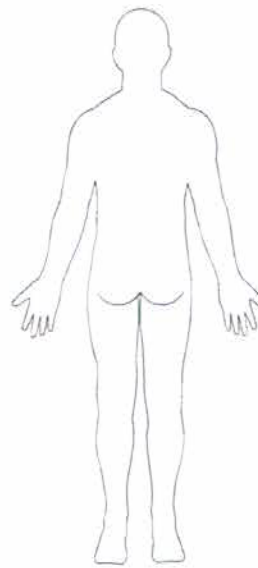
Key	○	Circle areas where pain exists
	⊙	Circle areas with small dots where extreme pain exists
	×	Put an "X" over stiff areas
		Draw squiggly lines over areas of numbness or tingling
	+++	Mark scars, bruises or wounds



Right



Front



Back



Left

Comments: _____

