

Phenomenal Touch- Explanation and Consent

(for your own record)

Phenomenal Touch is 3-dimensional massage incorporating stretching and moving the recipient in ways that might include draping limbs over the table, or over the practitioner's (my) leg or arm, letting gravity pull the weight of the recipient's body into my hands. Variation in speed is part of the method, and sometimes momentum is used to move the recipient about.

This work can feel intimate at times. It can bring one back to a childlike state of being held and nurtured. While it might feel sensual, my intent is nurturing and not of a sexual nature. Should sexual feelings arise I will work with you to redirect them to nurture your heart. I never engage in any sexual activity with my clients. Bodywork can trigger emotional responses. Emotions, especially those from trauma, are often stored in our tissue. Working and releasing tension in tissue can also release emotional responses, triggering memories. This in itself could be a path for healing. But please let me know if you are concerned about this.

How to best receive Phenomanal Touch:

- Be an active participant.
- Listen to your body.
- Notice where you are tight, feeling good, loose.
- Breathe into the 'nice' pain. Bring your breath deep into your body, into the tight areas.
- Your breath is my guide.
- Let your body respond instinctively. You are encouraged to move around and make sound.
- Imagine yourself being a rag-doll, giving up control. Letting me move you takes trust.
- Trust needs to be earned and takes time. Over the period of a few sessions you will notice a difference. You also have a better idea of what to expect. It will be easier to let go.
- I am reading your body and picking up if I can move fast or slow, how deep I can go, how much I can stretch a muscle. Please let me know if I don't pick up on it or react too slowly.
- I welcome your verbal feedback or moving my hand to a more effective area. You are the choreographer of this dance we call Phenomenal Touch.

Consent:

I agree to give at least 24 hour notice if I need to reschedule my appointment. If I give less than 24 hours I agree to pay the full amount of the missed appointment. If I arrive late for my session my session might be reduced by that time and I agree to pay the full amount.

I understand that all written records and notes for my sessions are kept strictly confidential and will not be shared with any outside agency, establishment, individual organization or medical facility without my written consent.

I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service. I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

Print Client's Name- for your own record _____

Signature _____ Date _____

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(please sign and return)

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Print Client's Name _____

Signature _____ Date _____

Lifestyle:

- Do you get enough rest every day? 1 2 3 4 5
- Do you sleep well? 1 2 3 4 5
- Do you feel joy every day? 1 2 3 4 5
- Do you have enough fun every day? 1 2 3 4 5
- Do you enjoy your work? 1 2 3 4 5
- Do you have meaning in your life? 1 2 3 4 5
- Do you feel overwhelmed? 1 2 3 4 5
 - home?
 - family?
 - work?
 - finances?
 - other,? please explain _____

What type of exercise do you do? _____

What relaxation technique/ Stress reduction do you do? _____

Health and care

- Do you feel healthy? 1 2 3 4 5
- Do you feel strong? 1 2 3 4 5
- Do you have medical care? Yes/ No
- Do you have a long term health maintenance plan? Yes / No
- Are you taking good care of yourself? 1 2 3 4 5
- Is there any change you would like to implement? Yes / No
 - what change? _____

What is your approach to health care/ well being? (mark any that apply)

Allopathic Medicine	Craniosacral	Massage
Homeopathy	Naturalpathy	Nutrition
Chiropractic	Ayuvedic	Other, list:
Acupuncture	Exersise	
Reiki	Chi gong/ Tai Chi	

Do you have any current health concerns you are dealing with? Yes / No

What? : _____

Can you do everything physical you wish to do? 1 2 3 4 5

What is keeping you from doing what you wish to do? _____

Are you pregnant? Yes / No What stage?

Are you attempting to become pregnant? Yes / No

How many children do you have?

Have you experienced trauma-

- accident, list _____
- illness, list _____
- surgeries, _____
- abuse- sexual, emotional, mental or witness _____

Do you see a therapist/counselor? Yes / No

Have or had you any of the following?

Health History	
_____ Allergies _____	_____ Phlebitis _____
_____ Asthma _____	_____ Varicose veins _____
_____ Arthritis _____	_____ Cancer _____
_____ Bursitis _____	_____ Skin problems _____
_____ Joint or bone problems _____	_____ Ulcers _____
_____ Osteoporosis _____	_____ Indigestion _____
_____ Back problems _____	_____ Constipation/diarrhea _____
_____ Carpal Tunnel Syndrome _____	_____ Menstrual difficulties _____
_____ Tendonitis _____	_____ Headaches _____
_____ Heart problems _____	_____ Sinus problems _____
_____ High/low blood pressure _____	_____ Chronic fatigue _____
_____ Diabetes _____	_____ Any other health problems _____

Are you seeing a medical practitioner for any of the above conditions? Yes No

Major health issues of your

Mother _____

Father _____

Siblings _____

Symptom history

Please describe any physical symptoms: _____

Aggravating Circumstances: _____

Relieving Circumstances: _____

Please mark on the figures the areas of physical concerns:

O circle areas of **pain**

X "X" over areas of **joint and muscle stiffness**

~ Draw squiggly lines along areas of **numbness and tingling**

Mark **scars, bruises or open wounds**

