

Kim Calhoun ♥ AbunDance Healing Arts
Registered Polarity Practitioner
Licensed Massage & Bodywork Therapist #4361
Registered Yoga Teacher
(919) 967-1783

I believe in each person's innate self-healing ability. It is my mission to support you in connecting more fully to the natural wisdom, wholeness, and health of your body through a blending of modalities that best meet your needs and intentions for our session together. Please visit my website for more details on the modalities I offer.

Sessions: I offer 90, 75, and 60-minute sessions for \$90, \$75, and \$60 respectively (60-minute sessions are only available for returning clients or first time youth clients). Payment is preferred in cash or check and payment plans are available upon request. Each session includes time to review your health history and observe your current state of being prior to table or groundwork, as well as briefly checking in afterwards to assist with integration.

Cancellation & Late Arrival Policy: Thank you for understanding that my Massage and Polarity Therapy practice is my livelihood. **Kindly provide at least 24 hours notice in the event that you need to cancel a session.** You will be charged for any session missed for reasons other than illness or circumstances beyond your control. Please be on time for your session. Be aware that if you arrive late for a session, I will charge for the originally booked session length. Due to other appointments, I may not be able to offer the original amount of time.

Informed Consent: Please Read and Sign Below.

♥ I understand that: massage therapy/bodywork is for the purpose of stress reduction, relief from muscular tension and spasm, general relaxation and improvement of circulation and energy flow; Kim neither diagnoses illness, disease, or any other medical, physical or mental disorder, nor performs any spinal manipulations.

♥ I have stated all my known medical conditions on the client health history form (below) and take it upon myself to keep Kim updated on my health in subsequent sessions.

♥ Massage therapy/bodywork is non-sexual. I understand that if I make any sexually suggestive remarks or advances towards Kim, she has the right to terminate the session and receive payment for the scheduled appointment.

♥ I agree to pay for all scheduled appointments that I am unable to keep unless I notify Kim at least 24 hours in advance.

♥ During my bodywork session, I agree to let Kim know if I feel any discomfort (due to pressure, room temperature, etc.) or if I don't feel completely safe for any reason.

Client Signature: _____

Date: _____

CONFIDENTIAL CLIENT HEALTH HISTORY (only answer what feels comfortable to you)

Your name: _____ Today's date: _____

Address: _____ Home phone: _____

City, State, Zip: _____ Work/Cell#: _____

Place of birth: _____ Date of birth: _____

Email address: _____ (for infrequent updates on specials and new services I offer)

How were you referred to me? _____

Have you received professional massage, bodywork, or energy work before? No ____ Yes ____ If yes, what type and what was your experience of the work? _____

What is your primary reason for this visit? _____

What are your long term goals regarding your health? _____

Occupation(s): _____

List any hobbies or regular activities: _____

Do you exercise regularly or participate in sports? Yes ___ No ___ If yes, please describe activities and frequency: _____

List your primary area(s) of discomfort or tension _____

How and when did this condition develop? _____

What makes it worse? _____

What makes it better? _____

What area(s) of your body feel vibrant and healthy or give you a sense of strength and comfort? _____

Rate your normal stress level on a scale of 1 (low) to 10 (high): ___ What causes stress for you? _____

How do you handle stress? (include methods that feel beneficial and ones that possibly take you further off balance) _____

How much time per week do you spend taking time to relax and care for yourself (emotionally, mentally, physically, and/or spiritually) _____ and what do you do? _____

Are you currently working with a counselor? Yes ___ No ___ Are you a part of any support groups? Yes ___ No ___

Are you currently taking any over the counter, prescription medications, or supplements? If so, please list and explain what they are for: _____

Please check any physical conditions you have:

- | | | |
|--|--|---|
| <input type="checkbox"/> Allergies/Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Circulatory Problem | <input type="checkbox"/> Contagious Disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Difficulty Sleeping | <input type="checkbox"/> Respiratory Problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Muscular Injuries |
| <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Spinal Problem | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Digestive Problem | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Major Medical Procedures |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Constipation/Diarrhea |
| <input type="checkbox"/> Serious Injuries | <input type="checkbox"/> Other _____ | |

Please describe any conditions checked: _____

Is there anything else you want me to know about you, your health, and your body before working together? If so, please describe: _____

Yay! You finished this form—take a deep breath and smile to yourself. I thank you for your time and look forward to supporting you in reaching your health goals.