

Jeremy Manalis, MA, LMT
Manalis Mind-Body Therapies, LLC
 15 SE 16th Ave
 Portland OR 97214
 503.349.2281
 jeremy@jeremymanalis.com

Craniosacral Therapy Intake Form & Insurance Billing Form

Name _____ Birth Date _____ Today's Date _____

Address _____

City _____ State _____ Zip _____

Phone: (H) _____ (W) _____ (C) _____

Email _____ Occupation _____

How were you referred to Jeremy? _____

Do you currently have any of the following conditions, illnesses, or problems?
 Circle "Y" for yes or "N" for no.

Heart Condition	Y N	Digestive Problems	Y N
High/Low BP	Y N	Eye, ear, nose, throat disorder	Y N
Hemophilia	Y N	Contagious or communicable disorders	Y N
Diabetes	Y N	Disability of feet, ankles, knees, hips, or back	Y N
Cancer	Y N	Pain, numbness and/or tingling in limbs	Y N
Convulsions	Y N	Chronic bodily discomfort	Y N
Thyroid Problems	Y N	Chest pain during exertion	Y N
Osteoporosis	Y N	Excessive tiredness	Y N
Arthritis	Y N	Illness or injury at the present time	Y N
Osteomyelitis	Y N	Contact Lenses	Y N
Phlebitis	Y N	Dentures / Removable Bridge / Braces	Y N
Respiratory Problems	Y N	I.U.D.	Y N
Eliminatory Problems	Y N	Currently pregnant	Y N
Circulatory Problems	Y N		

Please list any relevant current health issues, past injuries, traumas, accidents, surgeries and/or serious illnesses.
 Use additional space if necessary.

Dates _____

Area(s) Affected _____

Treatment(s) _____

Are you currently under the care of other health care providers? Y / N

What kind of provider(s)? (MD, LMT, ND, LAc, etc.) _____

What medications have you taken in the past 6 months? _____

What is your previous experience with receiving massage, bodywork, Craniosacral Therapy, etc.?

What is your reason for seeking Craniosacral Therapy?

Where are you experiencing pain right now?

How would you describe your relationship with your body?

What are the main stressors in your life?

In regards to your motor vehicle accident, what are 3 goals that you would like to work towards using Craniosacral Therapy?

Insurance Information

- **NOTE:** For your first session, please bring the written prescription for Craniosacral Therapy from your physician. This written prescription should clearly state both the number of prescribed sessions on it as well as the diagnosis of your medical condition. If those items are not listed on your prescription, please contact your physician and insure that they are. Thank you.
- **NOTE:** In the unlikely event that your Insurance Company does not comply with payment for services rendered, you are responsible for the cost of those services.

Date of Accident: _____

Name of Your Physician: _____

Claim Number: _____

Name of Your Auto Insurance Company Working with the Claim:

Address of Your Auto Insurance Company:

Name of Your Claim Agent:

Phone Number of Your Agent:

Any Other Information that Jeremy should know:

Information Regarding Fees, Appointments, and Craniosacral Therapy

Formal Education and Training:

- Masters degree in Counseling Psychology from Lewis & Clark College.
- Bachelors degree in Philosophy & Religion from UC Santa Barbara.
- Graduate of The Hakomi Institute. Hakomi is a mindfulness-based approach to counseling.
- Licensed Massage Therapist in the state of Oregon (OR lic 10179).
- Certified practitioner of Craniosacral Therapy through the Milne Institute.
- Graduated from East/West College of the Healing Arts.

Sessions Fee & Length

- The fee for a Craniosacral Therapy session is \$90. The length is 60 minutes.
- Cash and checks are accepted and are the preferred form of payment. Visa is also accepted as a form of payment. Please let Jeremy know if you'd like to pay with Visa.
- All fees are due at the time of service.

Craniosacral Therapy Explained

- You are contracting with Jeremy Manalis, MA, LMT of Manalis Mind-Body Therapies, LLC to receive Craniosacral Therapy services. Craniosacral Therapy is a hands-on healing approach that employs several tools to help you heal. These tools may include movement, visualization, talking, energy work, touch and mindfulness-based awareness. The primary goal of Craniosacral Therapy is to help activate your own body's healing resources so that you may successfully achieve your health goals.
- At times, strong or intense emotions may arise during or after a Craniosacral Therapy session. This is a normal and healthy sign of therapeutic release. Please read FAQs section on the website (www.jeremymanalis.com) for more information about what to expect from Craniosacral Therapy.
- Craniosacral Therapy is a collaborative approach to healing. It is helpful to have your feedback and requests during your sessions. Remember that with touch or any therapeutic technique you may say "no" at any time during the session.

First Introductory Session & Creating a Treatment Plan

- In your first introductory session of Craniosacral Therapy, we will discuss and clarify your goals for healing as well as devise a treatment plan based on those goals. Your treatment plan will outline both a minimum number of recommended sessions and the necessary interval between those sessions. The average number of sessions for a client's treatment plan is somewhere between 6 and 12. The number depends on several factors, such as how long your health condition has been present as well as financial resources. Your progress and status will also be discussed and reviewed with Jeremy on an on-going basis.

Referrals

- I welcome referrals, which signify your satisfaction and trust in my services.

Appointment and Cancellation Policy

- If you are late for an appointment it may not be possible to change the ending time of the session, but you will still be responsible for payment in full of the scheduled session. Furthermore, you agree to give notice of change or cancellation at least 24 hours in advance of my scheduled appointment. **Please note:** *If you do not give such notice, you assume responsibility for payment in full of the scheduled session.* Exceptions may be made at my discretion in the case of unforeseen illness or emergency.

Client Agreement
(client copy)

I willing decide, with enough knowledge, to receive Craniosacral Therapy with Jeremy Manalis of Manalis Mind-Body Therapies, LLC. This agreement shows my commitment to pay for Craniosacral Therapy. It also shows Jeremy’s willingness to use and share his knowledge and skills in good faith. I agree to pay \$90 per 60-minute session, and to pay at each session. I agree to pay for uncanceled appointments or those where I fail to give 24 hours notice that I will not attend. The only exceptions are unforeseen or unavoidable situations arising suddenly. I understand that this agreement will become part of my record of treatment.

My signature below means that I understand and agree with all the points above.

Signature of Client

Date

I, Jeremy Manalis, MA, LMT of Manalis Mind-Body Therapies, LLC, have discussed the issues above with the client. My observations of this client’s behavior and responses tell me that this person is fully competent to give informed and willing consent.

Jeremy Manalis, MA, LMT

Date

Client Agreement
(Jeremy's copy)

I willingly decide, with enough knowledge, to receive Craniosacral Therapy with Jeremy Manalis of Manalis Mind-Body Therapies, LLC. This agreement shows my commitment to pay for Craniosacral Therapy. It also shows Jeremy's willingness to use and share his knowledge and skills in good faith. I agree to pay \$90 per 60-minute session, and to pay at each session. I agree to pay for uncancelled appointments or those where I fail to give 24 hours notice that I will not attend. The only exceptions are unforeseen or unavoidable situations arising suddenly. I understand that this agreement will become part of my record of treatment.

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Jeremy Manalis, MA, LMT

Date