



# Client Intake

Shiatsu Works LLC  
8787 E Pinnacle Peak Rd, Suite 206  
Scottsdale, AZ 85255

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Name:

Address:

Email:

Phone:

Date of Birth:

Occupation:

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## DISCLOSURES

**Not a Licensed Physician:** I understand that Asian Bodywork Therapy is not yet a licensed profession in the state of Arizona and that Brian Skow is not a licensed physician.

**Complementary or Alternative Healing Modality:** I understand that Asian Bodywork Therapy is a form of complementary or alternative medicine and that I am responsible for seeking out, and partaking of, health care therapies that will support my wellness, whether these therapies be modern or traditional.

**Nature of the Service and Theory of Treatment:** Brian Skow provides Asian Bodywork Therapy treatments and exercises designed to assist clients in maintaining physical, emotional, mental and spiritual well-being. Bodywork Therapy, one of the main branches of Asian medicine, is a system of health care that recognizes the root causes of symptoms of disease, and treats the client as a whole person. Asian Bodywork Therapy addresses the energetic imbalances and blockages that contribute to illness. Asian Bodywork Therapy is a healing modality that has been practiced in Asia for over 2,500 years.

**Practitioner's Qualifications:** Brian Skow's educational and clinical qualifications to practice Asian Bodywork Therapy include Diplomate for Asian Bodywork Therapy by the National Certification Commission for Acupuncture and Oriental Medicine, November 2003 and on; Certified Practitioner of the American Organization for Bodywork Therapies of Asia, February 2003 and on; Diploma in Asian Bodywork Therapy and a Certificate of Excellence in Zen Shiatsu from the Southwest Institute of Healing Arts, June 2002.

**Privacy:** I understand that my information will be kept confidential and only released with my permission.

**Newsletter:** I understand that I will be subscribed to an electronic newsletter to stay abreast of Brian Skow's practice, and am free to unsubscribe at any time.

**Cancellation:** I understand that if I give less than 24 hours notice of cancellation, I will be charged 1/2 the price of the scheduled treatment or instruction.

**Payment:** I understand that payment is due upon completion of the treatment or instruction and that insurance will not be billed.

**Consent:** By signing below, I acknowledge the above and consent to participate in Asian Bodywork Therapy treatments and instruction.

Printed name:

Signature:

Date:

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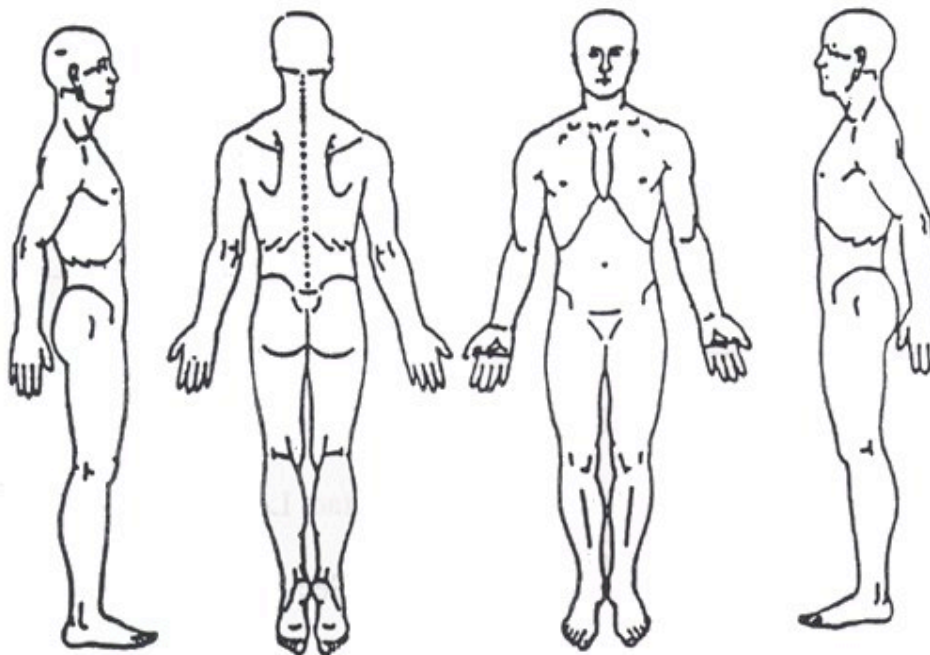
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MAJOR COMPLAINTS Why have you come for therapy?

Therapist notes:

"X" any areas of concern, with comments, please.





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THE FOUR PILLARS OF HEALTH Please share your behaviors.

Nutrition:

Exercise:

Sleep:

Meditation:

CONDITIONS Please share your experiences.

Past and present illnesses and diseases:

Past and present injuries, traumas and surgeries:

Past and present medications:

Past and present significant emotional events:

**Therapist notes:**



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THE FIVE TRANSFORMATIONS	METAL	WATER	WOOD	FIRE	EARTH	Therapist notes:	
	Skin	Bones	Tendons	Blood Vessels	Muscles		
Body Tissues (“√” for an area of concern)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Lungs	Kidneys	Liver	Heart	Spleen		
Yin Organs (“√” for an area of concern)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Lg. Intestine	Bladder	Gall Bladder	Sm. Intestine	Stomach		
Yang Organs (“√” for an area of concern)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Nose	Ears	Eyes	Tongue	Mouth		
Senses (“√” for an area of concern)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Pungent	Salty	Sour	Bitter	Sweet		
Tastes (“√” for like and “x” for dislike)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Dry	Cold	Wind	Heat	Damp		
Climates (“√” for like and “x” for dislike)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Grief	Fear	Anger	Joy / Sadness	Worry		
Emotions (“√” for frequent or intense)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		