



Name:

Address:

Email:

Phone:

Date of Birth:

Occupation:

DISCLOSURES

Not a Licensed Physician: I understand that Japanese medical bodywork, movement, and herbal therapies are not licensed professions in the state of Arizona and that Brian Skow is not a licensed physician.

Complementary or Alternative Healing Modality: I understand that Japanese medical bodywork, movement, and herbal therapies are forms 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 allopathic or traditional.

Nature of the Service and Theory of Treatment: Brian Skow provides Japanese medical bodywork, movement, and herbal therapies designed to assist clients in maintaining physical, emotional, mental and spiritual well-being. The therapies provided are branches of Asian medicine, a system of health care that recognizes the root causes of symptoms of disease and treats the client as a whole person. Asian medicine addresses the energetic imbalances and blockages that contribute to illness, and has been practiced for thousands of years.

Practitioner's Qualifications: Brian Skow's educational and clinical qualifications to practice include Kampo Internship Certificate of Completion (January 2018); Diplomate for Asian Bodywork Therapy by the National Certification Commission for Acupuncture and Oriental Medicine (November 2003-); Certified Practitioner of the American Organization for Bodywork

CLIENT INTAKE



Therapies of Asia (February 2003-); 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 cancelation, I will be charged 1/2 the price of the scheduled therapy 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 Japanese medicine therapies and instruction.

Printed name:

Signature:

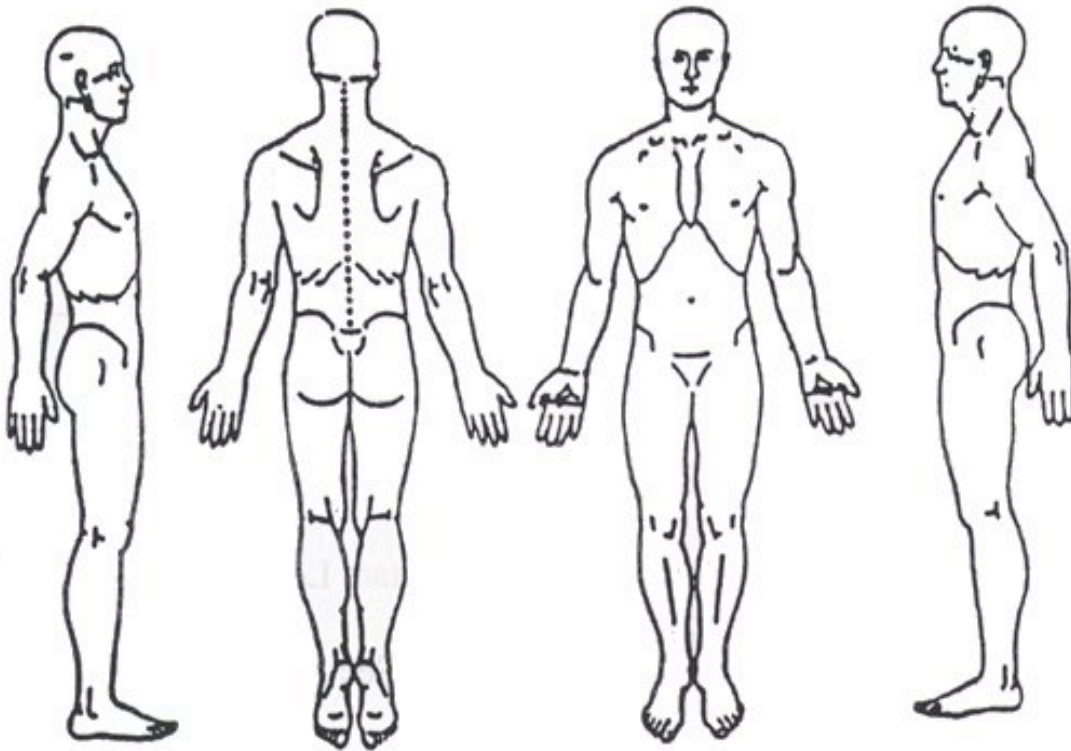
Date:

MAJOR COMPLAINTS Why have you come for therapy?

CLIENT INTAKE



Please circle any areas of concern and make comments.



Base4HealthSM Please share your behaviors.

Nutrition:

Exercise:

Sleep:

Meditation:

CLIENT INTAKE



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:

THE FIVE TRANSFORMATIONS Please circle items of concern.

	METAL	WATER	WOOD	FIRE	EARTH
Body Tissues	Skin	Bones	Tendons	Blood Vessels	Muscles
Yin Organs	Lungs	Kidneys	Liver	Heart	Spleen
Yang Organs	Large Intestine	Bladder	Gall Bladder	Small Intestine	Stomach
Senses	Nose	Ears	Eyes	Tongue	Mouth
Tastes	Pungent	Salty	Sour	Bitter	Sweet
Climates	Dry	Cold	Wind	Heat	Damp
Emotions	Grief	Fear	Anger	Joy and Sadness	Worry