

Carol Iverson, CMT

Licensed in Maryland, #MO1208

General Information on Services

General Appointment Hours: Monday – Friday, 12pm-7:30pm; Saturday, 9:30am-1pm. Hours may vary depending on other scheduled commitments.

Locations:

Silver Spring Office:

8830 Cameron Street, Suite 206, Silver Spring, MD 20910.

The Center at Tenleytown:

4321 Wisconsin Avenue, NW, Washington, D.C., 20016

Fee: \$80.00 per hour. Payable in cash or by check. Tips are appropriate and appreciated but not required.

Appointments: How often should you come? The benefits of bodywork are cumulative. How often you schedule depends on your time, budget and personal commitment to well-being. If you have a chronic problem, multiple treatments may be required to resolve the problem, including referral to other health care professionals. If you elect a course of regular treatment, we will assess your needs and how I can best support those needs. Periodically we will do a reassessment. All records and information regarding treatment are confidential.

Cancellation: Kindly give at least 24 hours notice of appointment cancellation. This is standard policy in Health care practice. Your respect for this policy is greatly appreciated. You are expected to take responsibility for arriving on time so allow ample time for traffic challenges.

Client Intake Form: Please click here to download the form. The information that you provide on this form is important as a deciding factor as to which of the healing arts might be most helpful in your treatment. Information that may seem inconsequential could be quite important to the assessment process so please be detailed and feel free to add further comments at the end. Taking your Health History is a legal requirement in Maryland for Massage Therapists.

ATTIRE: Except for Connective tissue and Kapsos massage, all bodywork is performed with client clothed. In order to get the most from your session, wear loose, workout type clothing, **no jeans or tight pants.**

PLEASE READ CAREFULLY!

POST-TREATMENT INFORMATION: There is a wide range of post-treatment response that may occur within the next two, possibly even three days. Some common experiences are feelings of lightness, relief, expansiveness, balance, energy level changes (both more or less); soreness, flu-like symptoms, physical discomfort, feeling as if you were “run over by a truck”, and emotional volatility. Symptoms are most pronounced after the first couple of treatments and lessen thereafter. **These reactions are quite normal** and indicate that your body is responding to and reorganizing around the changes introduced by treatment. When possible, take a relaxing bath, drink lots of water and spend some quiet time.

HEALTH ASSESSMENT FORM

(Please print this form and enter the details)

Name _____ **Date** _____

Address _____

Phone: (H) _____ **(W)** _____ **E-**
Mail: _____

Age _____ **Ht.** _____ **Wt.** _____ **Occupation:**

Referred by: _____

Previous Bodywork experience:

Is there a particular problem or concern you would like to deal with? Please describe.

What is your goal/expectation for this work?

What triggers and/or increases the problem?

Decreases the problem? _____

What have you done about the problem?

Do you have an exercise program? Please describe. _____

Are you under the care of a Medical doctor, Therapist, or other alternative health practitioner? Please list. _____

Current medications:

Please check all that apply: C for Current: P for Past.

<input type="checkbox"/> broken bones	<input type="checkbox"/> arthritis	<input type="checkbox"/> depression
<input type="checkbox"/> neck injuries	<input type="checkbox"/> tendonitis	<input type="checkbox"/> chronic anger
<input type="checkbox"/> neck dysfunctions	<input type="checkbox"/> cancer	<input type="checkbox"/> anxiety
<input type="checkbox"/> spinal injuries	<input type="checkbox"/> tumors	<input type="checkbox"/> overexcitement
<input type="checkbox"/> spinal dysfunctions	<input type="checkbox"/> immune disorders	<input type="checkbox"/> phobias
<input type="checkbox"/> joint injuries	<input type="checkbox"/> diabetes	<input type="checkbox"/> grief
<input type="checkbox"/> joint dysfunctions	<input type="checkbox"/> pregnancy	<input type="checkbox"/> joy
<input type="checkbox"/> sprains	<input type="checkbox"/> heart disorders	
<input type="checkbox"/> muscle pain	<input type="checkbox"/> circulatory disorders	<input type="checkbox"/> dietary challenges
	<input type="checkbox"/> kidney disorders	<input type="checkbox"/> caffeine drinker
<input type="checkbox"/> headaches	<input type="checkbox"/> bladder disorders	<input type="checkbox"/> smoker
<input type="checkbox"/> migraines	<input type="checkbox"/> Liver disorders	<input type="checkbox"/> high sugar intake
<input type="checkbox"/> Glandular dysfunctions	<input type="checkbox"/> Gall Bladder Disorders	<input type="checkbox"/> water; how many oz/day?
	<input type="checkbox"/> Stomach disorders	<input type="checkbox"/> eat meat
	<input type="checkbox"/> Spleen Disorder	<input type="checkbox"/> vegetarian
<input type="checkbox"/> vision disorders	<input type="checkbox"/> Lung disorders	
<input type="checkbox"/> hearing disorders	<input type="checkbox"/> Colon Disorders	
<input type="checkbox"/> sinus problems	<input type="checkbox"/>	
<input type="checkbox"/> jaw problems	<input type="checkbox"/> surgical procedures (list below)	
<input type="checkbox"/> asthma		OTHER: please list
<input type="checkbox"/> lung disorders	<input type="checkbox"/> fatigue/exhaustion	
<input type="checkbox"/> constipation	<input type="checkbox"/> sleep difficulties	
<input type="checkbox"/> diarrhea	<input type="checkbox"/> skin conditions	
<input type="checkbox"/> digestive disorders	<input type="checkbox"/> varicose veins	
	<input type="checkbox"/> blood clots	
<input type="checkbox"/> numbness/tingling	<input type="checkbox"/> high blood pressure	

