

DEBORAH P WILSON, LMT
CLIENT TK QUESTIONNAIRE

Client's Full Name _____ Date _____
Street _____ City _____ State/Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____ Referred by _____
Emergency Contact _____ Phone _____
Occupation _____ Female Male DOB _____

The intention of the questionnaire is to help you understand better the different areas of your own condition, to allow you an opportunity for honest reflection so that a deeper change can take place. Each of the questions below has 10 possible responses. Rate the condition from 1-10, with 10 being the best and 1 being the worst. Please explain if this would benefit you.

Overall Condition:

Pain:

Physical Condition:

Emotional Condition:

Mental Condition:

Spiritual Condition:

Crisis in Life:

Personal Life:

Daily Work:

Quality of Life:

Please answer briefly the following questions, and use additional paper as necessary:

What is your life purpose?

What is your goal for the session?

What is hindering you in achieving your purpose?

What is the best thing happening to you in your life right now?

What is the most fearful/most irritating/most worrying thing for you at the moment?

Other information:

DEBORAH P WILSON, LMT
INFORMED CONSENT AGREEMENT

I, _____, understand that TK, transformational kinesiology, a modality facilitated by Deborah P Wilson, is for the purposes of relaxation, stress reduction, clarifying and energizing goals, energy balancing, releasing blockages and limiting beliefs. I understand that the massage therapy given to me by is for the purposes of relaxation, stress reduction, pain reduction, relief from muscle tension and increasing circulation.

I understand that TK and massage therapy do not diagnose illness or disease, or any other disorder, and that Deborah Wilson, licensed massage therapist and certified TK practitioner, does not prescribe medical treatment or pharmaceuticals.

I understand that TK and massage therapy are not a substitute for medical examinations, medical care, or mental health care, and that it is recommended that I am concurrently working with my primary caregiver for any condition I may have.

I have stated all my known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes.

I agree to advise Deborah Wilson should I feel any discomfort or pain, physically or emotionally, so that she may take appropriate steps to address discomfort and pain.

_____ Client signature	_____ Date
_____ Practitioner signature	_____ Date

Consent to Treatment of Minor:

By my signature below, I hereby authorize _____ to administer massage, bodywork or transformational kinesiology to my child or dependent, _____, as they deem necessary.

_____ Parent or Guardian signature	_____ Date
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