

**“SONS OF TAHOE – SEIFUKUJITSU”  
ASIAN ISLAND RESTORATION THERAPY  
PATIENT’S HEALTH ASSESSMENT INFORMATION**

**TODAY’S DATE OF THIS VISIT:**

**Referred by:**

**Full Name:**

**Contact Information: Cell#**

**Home#**

**Work#**

**Age:**

**Mailing Address:**

**City/State/Zip Code:**

**Weight:**

**Height:**

**Date of Birth:**

**Marital Status: S/M/D**

**Email Address:**

Prices of services I offer are contingent upon the technique or style of service used, length of session, and indicative of your therapeutic needs.

Please remove Contact Lenses before treatment.

Please remove excess jewelry before treatment, wedding rings ok

Bring shorts and or bathing suit for your therapy sessions.

Seifukujitsu-Asian Therapy is a personal choice of restorative therapy application.

Walk-Ins (without an appointment) are discouraged. This will allow for my "recovery time".

It is essential for a therapist between scheduled sessions.

An exception to this rule would be an acute condition or injury case requiring emergency service.

Make checks payable to "Sons Of Tahoe" Personal Checks or Cash only - Credit Card / ATM not accepted.

**INITIAL THAT YOU UNDERSTAND BELOW:**

\_\_\_\_\_ Insurance coverage not accepted, nor claims forms completed.

\_\_\_\_\_ I am NOT a medical service provider/supplier. For your employer there is no work excuse forms filled out.

\_\_\_\_\_ I do not attend legal court appearances to validate treatments implemented.

\_\_\_\_\_ I will not give or share your written medical documents, including billing or treatments provided. **Your visit is confidential.**

**Mark boxes below, help by explaining the reasons of your visit / Type of injury - why are you here?**

<input type="checkbox"/> Head Pain	<input type="checkbox"/> Hip / Pelvic Pain
<input type="checkbox"/> Neck Pain / Shoulder Pain	<input type="checkbox"/> Leg / Knee Pain
<input type="checkbox"/> Arm / Elbow Pain	<input type="checkbox"/> Foot Pain / Ankle Pain
<input type="checkbox"/> Hand / Wrist Pain	<input type="checkbox"/> Head ache / Migraine Pain
<input type="checkbox"/> Upper Back Pain	<input type="checkbox"/> Nerve Pain / Numbness

**“SONS OF TAHOE – SEIFUKUJITSU”  
ASIAN ISLAND RESTORATION THERAPY  
PATIENT’S HEALTH ASSESSMENT INFORMATION**

<input type="checkbox"/> Lower Back Pain	<input type="checkbox"/> Abdominal Pain / Stomach Disorder / Digestive Disorder
<input type="checkbox"/> Insomnia / Sleeping Difficulty	<input type="checkbox"/> Lack of Energy / Dizziness / Fainting
<input type="checkbox"/> Gout	<input type="checkbox"/> Surgery in the last 6 months?
<input type="checkbox"/> Diabetes <input type="checkbox"/> <b>Type I</b> / <input type="checkbox"/> <b>Type II</b>	<input type="checkbox"/> Inflammation Pain in any Surgery Area
<input type="checkbox"/> Heart Problems / Stroke / Heart Attack	<input type="checkbox"/> Allergies
<input type="checkbox"/> High or Low Blood Pressure?	<input type="checkbox"/> Allergy to fragrances, lotions or oils?
<input type="checkbox"/> Do you have a pacemaker?	<input type="checkbox"/> Lack of Breath / Shortness of Breath / Seizures
<input type="checkbox"/> Eczema / Skin Disorder / Rash / Broken skin	<input type="checkbox"/> Cleansing, are you trying to Detox?
<input type="checkbox"/> Depression Experiences	<input type="checkbox"/> Any Broken Bones-List
<input type="checkbox"/> Diet Issues	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**List your prescribed drugs and over-the-counter drugs, inhalers as well as vitamins & detox teas:**

Name the Drug/Vitamin/Herbs	Strength / Purpose for taking these?	Frequency Taken
<b>Herbs and or Teas you are taking?</b>		
<b>Allergies to medications?</b>	Name the Medication:	Reaction You Have Had:

**Are there any caution areas of your body that I should know about?**

**Are you Pregnant?**

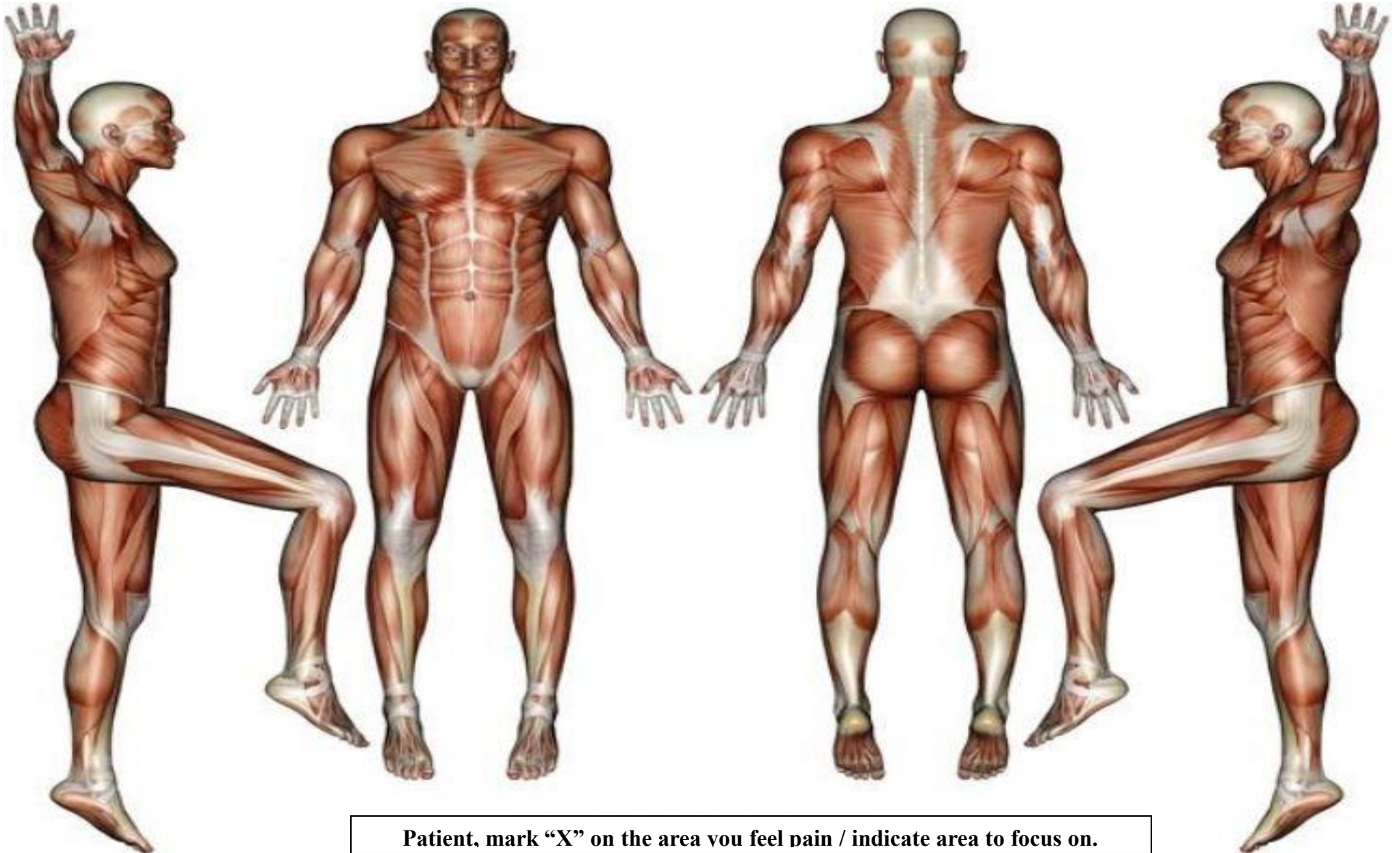
**Where do you work / Name of Your Employer? / Title of your Occupation**

Description of work you do & How long have you been doing this type of work?

Is your injury related to your occupational work, if “YES” / Explain?

**Evaluate Posture – HEAD – SHOULDERS - SPINE – PELVIS - FEET**

**“SONS OF TAHOE – SEIFUKUJITSU”  
ASIAN ISLAND RESTORATION THERAPY  
PATIENT’S HEALTH ASSESSMENT INFORMATION**



**Patient, mark “X” on the area you feel pain / indicate area to focus on.**



# “SONS OF TAHOE – SEIFUKUJITSU” ASIAN ISLAND RESTORATION THERAPY PATIENT’S HEALTH ASSESSMENT INFORMATION

## UNDERSTANDING

**Seifukujitsu-Asian Island Therapy** is the restorative art of healing, developed in Japan 1600 years ago and introduced to the U.S. by Henry Seishiro Okazaki. **Seifukujitsu means to restore and balance the whole body energy system.**

A few martial art schools require training in Seifukujitsu to treat sprains, strains and other injuries in the Dojo (school). Due to the rigorous training in Kodenkan Danzan Ryu system, Seifukujitsu was used to enhance the students’ performance in physical training and knowledge. The Seifukujitsu art is a restoration kata (form technique) of healing.

Seifukujitsu Kata is a distinctive and precise form rebalancing technique for the whole body. Restoration therapy essentially promotes health by boosting the body’s own rehabilitation processes.

**Y**our treatment could affect the following- muscles, nervous system-enhance skin conditions-internal organs and changes in the blood. Therapy acts to disperse accumulation in irritated joints, muscles and nerve endings. Seifukujitsu enhances the body’s natural recuperative powers.

**B**enefits of utilizing Seifukujitsu therapeutic restoration massage applications are shared by both the Giver (therapist) and the Receiver (patient).

**T**he method of healing, I apply is practical. My goal is to address your issues, evaluate your ailments, and apply specialized Seifukujitsu techniques, sharing with you traditional self-healing ways. It is my professional responsibility to make every effort to protect the health and welfare of those who seek my service, using highest ethical and moral standards. Seifukujitsu can be applied on most everyone, requiring considerable detailed research, ongoing health science, anatomy, physiology and physical therapy training. I will assist you according to my best ability and judgement.

Today I share with you the arts of **“Seifukujitsu - Asian Island Restoration Therapy”**.

Thank you for your unique experience, time and understanding.

**PLEASE SIGN FULL NAME to verify your understanding of your treatment:** \_\_\_\_\_

**“SONS OF TAHOE – SEIFUKUJITSU”  
ASIAN ISLAND RESTORATION THERAPY  
PATIENT’S HEALTH ASSESSMENT INFORMATION**

**Sons Of Tahoe-Seifukujitsu Asian Island Restorative Therapy / Release / Client Confidentiality Form / Our Agreement**

**RELEASE AND INDEMNITY**

- ❖ I Waive, Release and forever Discharge Sons Of Tahoe-Seifukujitsu, its employees, officers, directors, affiliates agents, representatives, successors and assigns (collectively the ‘Associates’) of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the “Claims”) in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my therapy treatment, whether prior to, during or subsequent to my attendance and not withstanding that any claim may have been contributed to or occasioned by the negligence of any of the Associates.
  
- ❖ Indemnifies, Hold Harmless and promise not to sue the Associates from any and all liabilities or claims made as a result of participation in this activity, whether cause by the negligence of release or otherwise.
  
- ❖ When you submit your personal information, you represent to us that it is true and complete.  
Among other things, accurate information helps us to provide better services to you personally.  
**Your personal medical/injury information is confidential and will not be disclosed or released.**
  
- ❖ This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.
  
- ❖ You agree to be bound by confidentiality through your continued use of Sons Of Tahoe-Seifukujitsu Asian Island Restoration Therapy.

I HERBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FORGOING.

Thank you for your unique experience, time and understanding.

Print FULL NAME: \_\_\_\_\_

Your Signature/Date: \_\_\_\_\_

Witness Signature/Relationship/Date: \_\_\_\_\_