

# Motion Massage

## Integrative Body Work and Body Centered Coaching

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## Professional Disclosure and Informed Consent

**Thank you for choosing to include me on your journey to holistic health.** My work strongly emphasizes client choice, empowerment and respect. The following information is meant to create mutual understanding and shared expectations so that you can get the most out of our time together. I look forward to working with you in whatever way you choose to reach your unique wellness goals. Please do not hesitate to ask me any questions you may have.

### Motion Massage in a Nutshell

Motion Massage is based on the philosophy that there is no separation between body and mind, and that emotional, psychological, and physical pain are all connected and can be accessed through the body. The basic tools Motion Massage employs are four styles of bodywork (*Craniosacral Therapy, Thai Massage, Deep Tissue & Myofascial Release*) combined with mindfulness techniques. This combination allows the bodywork to be more beneficial for your mental and emotional well-being, in addition to addressing acute and chronic physical discomfort. Including mindfulness in bodywork also reduces distractions such as internal mental chatter or unwanted conversation, so you can fully enjoy your treatment as it is happening.

Another aspect of Motion Massage that makes it unique and powerful, is the option to incorporate *Interactive Movement* as well as dialogue through the modalities of *Integrative Bodywork* and *Body-Centered Coaching*. If you are interested in a more holistic approach to wellness and are open to engaging intentionally with emotional and mental material as it arises in a bodywork or coaching session, you will greatly benefit from these modalities.

Regardless of whether you choose a blend of bodywork with mindfulness techniques or take it deeper to include Interactive Movement and dialogue, Motion Massage is all about helping you to carefully listen to and tap into the wisdom of your body in order to empower you on your path to holistic wellness.

*Throughout our work together, depending upon your needs and interests that day, you may choose to receive one of the Motion Massage styles listed above, or a combination.*

### Licensure, Training and Experience

I attended the Oregon School of Massage and focused on Therapeutic Bodywork and Craniosacral Therapy. In 2003 I graduated, and became a licensed massage therapist the same year. Since then I have completed continuing education in Thai Massage, Myofascial Release, and Deep Tissue Massage, among other techniques. I also received training in Integrative Bodywork at the Institute for Mindful Experiential Therapeutic Approaches (M.E.T.A.). This training, and classes with Bill Bowen (Psycho-Physical Therapy), in combination with regular supervision, inform the Body-Centered Coaching aspect of my practice.

### The Limits of My Services

The focus of my practice is for wellness support. I am not a licensed counselor. I am not qualified to diagnose or treat physical, mental, or addictive illness, and nothing said in the course of the session given should be construed as such. Because working with certain physical and mental health conditions is outside of my scope of practice, it's important that you fill out the health information on the following page accurately. I am committed to my clients' best interests. If I think you would be better served by someone with a different set of skills than I have, I will help you find more appropriate assistance. This may include referral to another practitioner or program. If you are currently under the care of a mental health professional, I recommend that you inform them of our work together.

## **Emergencies**

If you require assistance between sessions, please call **(503) 282-9119** and leave a clear message. I will get back to you as soon as possible. If you have an urgent mental health issue and need immediate assistance, please call the Multnomah County Crisis Line at **(503) 988-4888**. In case of an emergency, or if you feel you might hurt yourself, please call **911** or go to the **nearest hospital emergency room immediately**.

## **Confidentiality**

Information you provide me in our sessions will be held in confidence unless you give written permission to disclose it for a stated purpose. There are some exceptions to your right to privacy that are rare, but important to know about.

1. If I am subpoenaed to testify in court, I may be required by law to give information about you without your permission. In this case I would make every effort to contact you.
2. I am ethically required to report if I learn you have harmed a child, elderly or disabled person.
3. If I learn that you intend to harm yourself or someone else, I will inform people who can help prevent that, whether family members, other health care providers or the police.

In addition, I participate in case consultation and supervision to support me in providing the highest quality service. In that context, I may bring up questions I have pertaining to our work together, but I do not disclose any personal information that would identify you as my client.

**Please talk with me about any concerns or questions you have related to confidentiality in our work.**

## **Completion**

We will begin our work together by discussing your hopes and goals. Periodically we will check in on how you feel you are progressing. If you reach your initial goals and find there are more things you want to work on, we can explore this together. Of course, you can terminate your work with me at any time. Ending or completing the practitioner/client relationship presents a rich opportunity for learning, healing and growth when it is approached consciously as an aspect of our work together. I do encourage you to talk with me if you are considering discontinuing your sessions so that I can support you in creating closure for yourself, setting up resources and back-up assistance and exploring any issues that may be involved. It is my intent that our work together helps you, over time, to create a life so nourishing that you infrequently, if ever, need to see me. I will be happy to support you with transitioning when the time comes.

**Please take a moment to carefully read the following information and sign where indicated.**

### **Agreement and Consent to Massage, Bodywork, Interactive Movement and Body-Centered Coaching**

I am responsible for creating and implementing my own physical, mental and emotional well-being, decisions, choices, actions and results I further understand that massage, bodywork, interactive movement, and body-centered coaching should not be construed as a substitute for medical examination, diagnosis or treatment, and that I should see a physician, chiropractor, therapist or other qualified medical specialist for any mental or physical ailment of which I am aware. Information exchanged during any session is educational in nature and is intended to help me become more familiar and conscious of my own body and my state of being.

I have carefully read and understand this policy statement. I have had the opportunity to ask any questions I have about it. I understand my rights to privacy, the exceptions to those privacy rights, and that there are risks associated with receiving massage, bodywork, therapeutic movement, and body-centered coaching. **By signing this document I give my consent to receive massage, bodywork, interactive movement, and/or body-centered coaching, and accept full responsibility for any and all fees incurred as a result.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Confidential Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by? \_\_\_\_\_

Emergency Contact and their relationship to you:

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

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### *Health Information*

Are you currently under the care of a health care practitioner, counselor, or therapist for any reason? Y / N

If yes, briefly explain: \_\_\_\_\_

\_\_\_\_\_

Health practitioner's name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Please check if you have any of the following conditions:

High/Low Blood Pressure?	Circulatory/Blood Clotting Disorders?	
Heart Conditions/Pacemaker?	Varicose Veins?	Epilepsy/Seizures?
Diabetes?	Numbness or Altered Sensation?	Arthritis?
Cancer/Tumors?	Allergies?	Headaches?
Jaw pain/Teeth Grinding/TMJ?	Chronic Pain?	Scoliosis?
Muscle or Joint Pain?	Sprains/Strains?	Tendonitis?
Sinus Problems?	Vision Problems?	Wear Contacts?
Kidney Problems?	Skin Problems?	Digestive Problems?
Sleep Difficulties?	Nausea?	Fatigue?
Depression?	History of Sexual Abuse?	History of Physical Abuse?
Anxiety?	Mental Health Condition?	

*Women only:*

Fibroids/Ovarian Cysts?

Pregnancy?

Painful or Irregular Menstruation?

Endometriosis?

*Men only:*

Prostate Problems?

Have you been in a recent or major accident, suffered any recent or major injuries, or had recent or major surgery?

Y / N If yes, briefly explain (what and when):

\_\_\_\_\_

\_\_\_\_\_

Are you currently suffering from any chronic or acute infectious/contagious disease? Y / N

If yes, which: \_\_\_\_\_

Are you currently taking any medications (prescription and non-prescription)? Y / N

If yes, name(s) of medication(s) \_\_\_\_\_

Have you ever been diagnosed with any other serious physical, emotional, or mental health condition not specified above? Y / N If yes, briefly explain:

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What do you hope to gain from our work together?

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Please tell me a little about your self-care activities, support systems, and what gives you pleasure or stability in your life?

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**Motion Massage Rates:**

These rates are for clients paying out of pocket, at the time of the appointment. They reflect a discount which is not applicable with insurance billing.

	Regular Rate	Wellness Rate*	10 Session Package Rate **
1 Hour	\$85	\$76	\$68
1 1/4 Hours	\$95	\$85	\$76
1 1/2 Hours	\$105	\$95	\$84

\*Rate applies if you schedule an appointment at least once a month.

\*\*Rate applies if you commit to 10 therapeutic sessions with no more than 2 weeks between each session.

**The undersigned acknowledges, appreciates, and agrees that:**

Sessions are by appointment. If I'm unable to give at least **24 hours notice** for canceling or rescheduling my appointment, or if I miss my appointment I agree to pay **the full appointment fee**.

It is my choice to receive these sessions. If I experience any discomfort during the sessions I will immediately inform the practitioner, so that the treatment may be adjusted to my level of comfort

If I have a specific medical condition, a specific mental health diagnoses, or specific symptoms, massage, bodywork, interactive movement, and body-centered coaching may be contraindicated. A referral from a physician or licensed counselor may be required prior to service being offered to me.

Because massage, bodywork, therapeutic movement, and body-centered coaching should not be performed under certain medical conditions, I affirm that I have stated all my known physical, emotional, or mental health conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and I understand that there shall be no liability on the practitioner's part should I fail to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_