



MESSAGE CLIENT INFORMATION

Name _____ Phone _____ DOB _____ Marital Status _____
Address _____ City _____ State _____ Zip _____
Emergency Contact _____ Referred By _____

GENERAL INFORMATION

Occupation _____ Age _____ MALE / FEMALE (circle)

Health Insurance Carrier (if not applicable, write "NA") _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

If you answer YES to any of the following questions, please explain as clearly as possible.

- | | |
|--|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you frequently suffer from stress? | <input type="checkbox"/> Y <input type="checkbox"/> N Do you bruise easily? |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you have diabetes? | <input type="checkbox"/> Y <input type="checkbox"/> N Have you had any broken bones in the past 2 years? |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you experience frequent headaches? | <input type="checkbox"/> Y <input type="checkbox"/> N Have you been in an accident or suffered any injuries in the past 2 years? Explain below. |
| <input type="checkbox"/> Y <input type="checkbox"/> N Are you pregnant? | <input type="checkbox"/> Y <input type="checkbox"/> N Do you have tension or soreness in a specific area? |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you suffer from arthritis? | <input type="checkbox"/> Y <input type="checkbox"/> N Do you have heart or circulatory problems? |
| <input type="checkbox"/> Y <input type="checkbox"/> N Are you wearing contact lenses? | <input type="checkbox"/> Y <input type="checkbox"/> N Do you suffer from back or neck pain? |
| <input type="checkbox"/> Y <input type="checkbox"/> N Are you wearing dentures? | <input type="checkbox"/> Y <input type="checkbox"/> N Do you have numbness or stabbing pains anywhere? |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you have high blood pressure? | <input type="checkbox"/> Y <input type="checkbox"/> N Are you very sensitive to touch or pressure? |
| <input type="checkbox"/> Y <input type="checkbox"/> N Are you taking any blood pressure medications? | <input type="checkbox"/> Y <input type="checkbox"/> N Have you ever had surgery? Explain below. |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you suffer from epilepsy or seizures? | <input type="checkbox"/> Y <input type="checkbox"/> N Do you have any other medical condition(s) or are you taking any medications I should know about? |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you suffer from joint swelling? | Explanation(s) _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you have varicose veins? | _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you have any contagious disease(s)? | _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you have osteoporosis? | |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do you have any allergies? | |

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment, and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize the practitioner to administer massage, bodywork, or other appropriate soft tissue techniques to my child or dependent as they deem necessary.

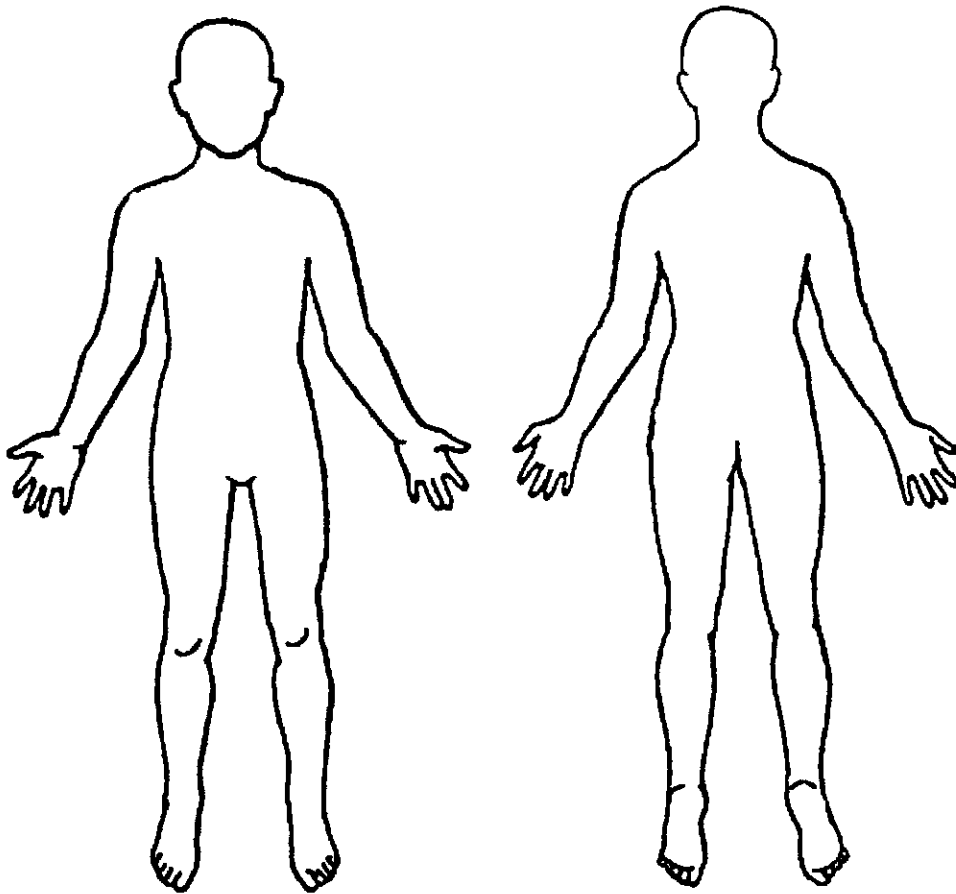
Signature of Parent or Guardian _____ Date _____



MESSAGE CLIENT INFORMATION

Name _____ Date _____

Please mark the areas of your body that are symptomatic.



Briefly describe your symptoms _____



NOTICE OF MASSAGE THERAPY CANCELLATION POLICY

Please note that scheduled massage therapy appointments **REQUIRE A 24 HOUR NOTICE FOR CANCELING OR RESCHEDULING**. Missing your appointment or failure to allow adequate notice of cancellation or rescheduling will result in the charge being billed to the client directly and cannot legally be billed to any insurance payer. The Time-of-Service rate for massage is \$60.00 for 60 minutes, \$90.00 for 90 minutes, and \$30.00 for 30 minutes. Time-of-Service rates are only valid when services are paid prior to treatment on the same day of service. Cancellation rates are calculated at the **full billing price** of massage: \$70.00 for 60 minutes, \$105 for 90 minutes, and \$35.00 for 30 minutes. Personal Injury services require a higher level of documentation and are always billed at the rate of \$100.00 for 60 minutes. If there are any questions or concerns, please see the office manager prior to receiving your massage.

Should you cancel your massage with less than 24 hours notice and we are able to fill the appointment slot, there will be no charge.

Your **first** missed appointment or cancellation with less than 24 hours notice that cannot be filled will be \$35.00 for 60 minutes; \$52.50 for 90 minutes; \$35.00 for 30 minutes. Cancellation rates for Personal Injury claims for massage therapy will be \$35.00 for 60 minutes.

Your **second** missed appointment or cancellation with less than 24 hours notice that cannot be filled will be \$70.00 for 60 minutes; \$105.00 for 90 minutes; \$35.00 for 30 minutes. Cancellation rates for Personal Injury claims for massage therapy will be \$100.00 for 60 minutes.

Your **third** missed appointment or cancellation with less than 24 hours notice that cannot be filled will result in the inability to book massage therapy appointments in our office from that point on, and you will be charged the full amount for the massage. Cancellation rates for Personal Injury claims for massage therapy will be \$100.00 for 60 minutes and patient will not be allowed to continue care in the clinic.

Date _____

Name _____

Signature _____