MASSAGE CLIENT INFORMATION

Name ____ **Phone** ____________________________ **Text Message Y or N** **DOB** ___________________ **Cell Carrier**______________________________ **Address** ____ **City** ____________________________ **State** ______ **Zip** ______________

Emergency Contact ____ **Referred By** ____

GENERAL INFORMATION

Occupation ____ **Age** ________ **MALE / FEMALE (circle)**

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

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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.

- ☐ **Y** ☐ **N** Do you frequently suffer from stress?
- ☐ **Y** ☐ **N** Do you have diabetes?
- ☐ **Y** ☐ **N** Do you experience frequent headaches?
- ☐ **Y** ☐ **N** Are you pregnant?
- ☐ **Y** ☐ **N** Do you suffer from arthritis?
- ☐ **Y** ☐ **N** Are you wearing contact lenses?
- ☐ **Y** ☐ **N** Are you wearing dentures?
- ☐ **Y** ☐ **N** Do you have high blood pressure?
- ☐ **Y** ☐ **N** Are you taking any blood pressure medications?
- ☐ **Y** ☐ **N** Do you suffer from epilepsy or seizures?
- ☐ **Y** ☐ **N** Do you suffer from joint swelling?
- ☐ **Y** ☐ **N** Do you have varicose veins?
- ☐ **Y** ☐ **N** Do you have any contagious disease(s)?

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- ☐ **Y** ☐ **N** Do you have osteoporosis?

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- ☐ **Y** ☐ **N** Do you have any allergies?

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- ☐ **Y** ☐ **N** Do you bruise easily?
- ☐ **Y** ☐ **N** Have you had any broken bones in the past 2 years?
- ☐ **Y** ☐ **N** Have you been in an accident or suffered any injuries in the past 2 years? Explain below.
- ☐ **Y** ☐ **N** Do you have tension or soreness in a specific area?
- ☐ **Y** ☐ **N** Do you have heart or circulatory problems?
- ☐ **Y** ☐ **N** Do you suffer from back or neck pain?
- ☐ **Y** ☐ **N** Do you have numbness or stabbing pains anywhere?
- ☐ **Y** ☐ **N** Are you very sensitive to touch or pressure?
- ☐ **Y** ☐ **N** Have you ever had surgery? Explain below.
- ☐ **Y** ☐ **N** Do you have any other medical condition(s) or are you taking any medications I should know about?

Explanation(s)

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

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Date ________________________

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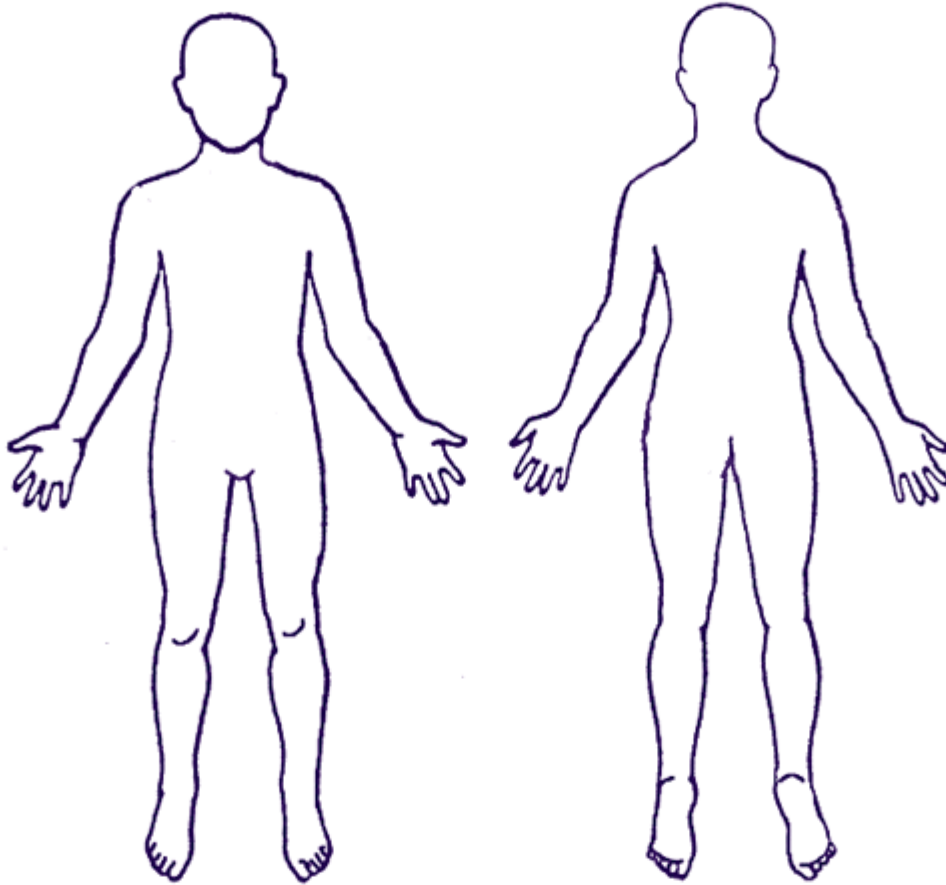
Consent to Treatment of Minor: By my signature below, I hereby authorize the practitioner to administer massage, bodywork, or other appropriate soft tissue techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian
____ **Date**
____

MASSAGE CLIENT INFORMATION

Name
____
__ **Date** ________________________________

Please mark the areas of your body that are symptomatic.



Briefly describe your symptoms

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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 cancelation 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. Cancelation 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. Cancelation 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. Cancelation 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 ____