



577 Braund Street, Onalaska WI 54650
(608) 406-2488

MASSAGE THERAPY INTAKE

PATIENT INFORMATION

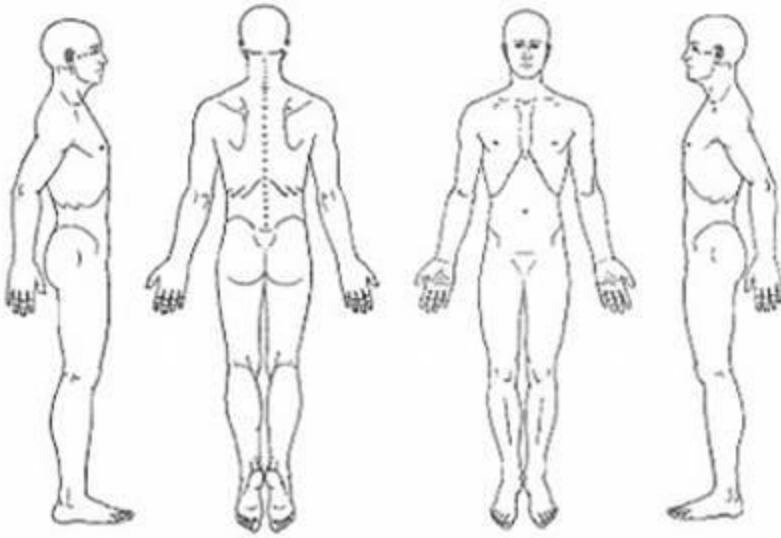
Name _____ Date of Birth ____/____/____ Age ____
Address _____ Sex: Male ____ Female ____
City/State/Zip _____
Cell Phone # _____ Home/Other Phone # _____
Email Address _____
Single ____ Married ____ Divorced ____ Widowed ____ # Of Children ____
Occupation _____
Emergency Contact _____ Phone _____
How did you hear about our office? (Please circle all that apply)
GOOGLE/INTERNET FACEBOOK HEALTH EVENT DOCTOR/MEDICAL PROVIDER
FAMILY MEMBER/FRIEND OTHER: _____
Please tell us whom we can thank for referring you to us _____

HEALTH CONSIDERATIONS

Please inform us immediately of any health conditions, allergies, special needs or concerns you have. Your safety is important to us, and some services may not be appropriate for certain health conditions. The following common conditions, among others, are contraindicated for massage:

High Blood Pressure – Massage enhances circulation and can be dangerous for those whose blood pressure is not controlled. We recommend that clients wait to receive massage until their blood pressures are controlled for three consecutive months or bring a written consent from their physicians. Certain massage techniques are better than others for those with elevated blood pressure, so please keep your massage therapist informed of any changes.

Surgery – The recommended time between surgery and post-operative massage can be tricky due to various factors including the purpose of the surgery, the location of the incision, the size and depth of the incision, and the vitality of the client. We recommend that clients wait 6 – 8 weeks after surgery to receive a massage, though certain surgeries may require more or less time. Please discuss your needs with the massage therapist.



Use the following legend to mark specific areas of concern on the adjacent body diagram.

P = Pain

N = Numbness

S = Stiffness

T = Tingling

Please check the boxes of any conditions you have and explain as clearly as possible below.

- | | | |
|--|---|--|
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Broken bones in the past 2 years | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Injuries in the past 2 years | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Bruise easily |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Joint swelling | <input type="checkbox"/> Cardiac or circulatory problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Contagious Disease | |

Comments _____

Wearing: Contacts Dentures

Tension or soreness in specific areas (Please explain) _____

Numbness or stabbing pain (Please explain) _____

Sensitive to touch or pressure in any area (Please explain) _____

Have you ever had surgery (Please explain) _____

Please list any other medical conditions or medications you are taking: _____

Be sure to speak up. All aspects of your massage session can be modified to your preference: pressure (too light or too deep), lighting in the room, style of music, temperature, and whether you choose to have a conversation or enjoy the treatment in silence.

Have you ever had a professional massage? Yes No How recently? _____

What are your massage therapy goals? _____

What kind of pressure do you prefer? Light Medium Firm

MASSAGE POLICIES

PAYMENT: Full payment is due at the time of service. We accept cash, checks, and credit cards.

CANCELLATIONS: 12 hours' notice is required to cancel or reschedule an appointment. Clients will be responsible for 50% of the massage rate if cancellation occurs within 12 hours of scheduled time.

ARRIVING LATE: If you are late to your session, you are welcome to receive whatever time is left in your appointment. Regardless of the length of the service given, you will be responsible for payment of the full service you scheduled.

NO CALL/NO SHOW: We understand that unanticipated events occur in everyone's life. Unforeseen events such as car problems, business meetings, and children's illnesses are just a few reasons why one might consider cancelling a massage appointment. However, we ask that you call if you cannot keep your appointment. Clients will be responsible for 100% of the massage rate if they no call/no show. Clients who fail to show for appointments repeatedly may be asked to pre-pay for future services. It is important that our therapists are compensated for reserved time slots.

SICKNESS: In an effort to maintain a healthy environment, we ask that if you are sick (which includes a cold, a fever, the flu, etc.) or have the onset of symptoms of an illness, that you reschedule your appointment. If you arrive for your appointment with symptoms of an illness, you will be asked to reschedule your appointment. This is for your well-being as well as the health of our employees, therapists, and clients. Receiving a massage when you are sick is not advised. While in the early and acute stages of a cold, the flu, or other illness, a massage can accelerate the onset of the infection and intensify its severity (via additional circulation of blood and lymph fluid). If you get a massage after the infection has peaked, you may experience a relapse of symptoms, feeling sick again. Please wait until you have been well for at least a week before getting your massage. If you do need to cancel your appointment, please call us as soon as possible and we will be happy to reschedule your appointment for a time when you are feeling better.

RESPECT & PRIVACY: The client may choose to leave on as much clothing as needed for comfort, refuse any massage technique, or stop massage at any time. We live in a lovely, small community. As such, it is likely that you will see your massage therapist outside of the office setting. In order to preserve your privacy and abide by HIPAA laws, the therapist will wait for the client to initiate conversation, if you so choose. Sexual interaction or discussion of any kind between the client and the massage therapist is NEVER appropriate. The massage therapist maintains the right to end a massage at any time for inappropriate conversation or action.

I understand that the massage 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 therapist so the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 other mental or physical ailment of which I am aware. I understand that massage therapists 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 should be construed as such. Because massage should not be performed under certain conditions, I affirm that I have stated all my known medical conditions and answered questions honestly. I agree to keep the therapist updated of any changes in my medical profile and understand that there shall be no liability on the therapist'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 the immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature

Date

Consent to Treatment of a Minor: By my signature below, I hereby authorize _____
to administer massage therapy to my child or dependent as they deem necessary.

Signature of Parent/Guardian: _____ Date: _____