Primary Information

Name_____Date_____

Home/Cell phone_____ e-mail_____

Referred by: _____ Phone No. _____

Primary reason(s) for your visit:

_____

_____

_____

_____

PERSONAL INFORMATION

Address_____ City_____ State_____

Zip_____ Occupation_____ Birthday_____

Emergency Contact: Name_____ Phone No._____

Primary Health Care Provider_____ Phone No._____

Major injuries, illnesses, all surgeries and hospitalizations (please include reasons, recovery, dates, complications etc…)

_____

_____

_____

_____

Medication/ Drug history (include name, dosage, what it does, side effects and significant use of recreational drugs/alcohol)

_____

_____

_____

_____

Eating habits (including water intake, favorite foods and flavors, # of meals/day, overeating, digestive problems etc…)

_____

_____

_____

_____

Prior experience with massage (type and frequency)

_____

_____

_____

_____

Current exercise program and frequency

_____
_____
_____
_____

Trauma history (anything which you perceive as traumatic on any level—physical, emotional, mental, spiritual, sexual, energetic)

_____
_____
_____
_____

Sleeping habits (positioning, by a window, bedtime, how many hours, quality etc…)

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_____
_____
_____

Is there anything else you feel is important for me to know?

_____
_____
_____
_____

Are you currently having or had any of these conditions? (check all that apply)

- o Allergies
- o Arthritis
- o Asthma
- o Back problems
- o Bruising
- o Cramping
- o Depression
- o Epilepsy
- o Seizures
- o Fatigue
- o Migraines
- o Headaches
- o Heart condition
- o High/Low blood pressure
- o Contagious condition
- o Overuse injuries
- o Insomnia
- o Sciatica
- o Sinus problems
- o Skin condition
- o Ticklish
- o Varicose veins
- o Dental problems (TMJ dysfunction etc…)
- o Tingling/numb-ness in hands/legs
- o Carpal Tunnel Syndrome
- o Thoracic Outlet Syndrome
- o Constipation
- o Diarrhea
- o Difficulty taking a full/deep breath
- o Phlebitis
- o Thrombosis (blood clot)
- o Arteriosclerosis
- o Steroid Drug use
- o Diabetes
- o Kidney dysfunction
- o Cardiac edema
- o Fever
- o Cancer
- o Inflammation
- o Fibromyalgia
- o Pregnancy
- o Joint replacement
- o Other joint condition
- o Fusion(s)
- o Disc herniation

Current health problems/conditions/concerns other than primary reason for visit (e.g.: panic attacks; also, please elaborate on any of the above conditions that you checked)

_____
_____
_____
_____
_____

Privacy and Draping

I will ask you to disrobe to your level of comfort; this means you can be anywhere from fully clothed during the session to fully disrobed. I work best when you are fully disrobed. I will leave the room during which time you will disrobe to your level of comfort and lay on the table between the sheets. If you feel uncomfortable in any way during a session please notify me. Participation and communication are encouraged.

Response to Sessions

Physiologically and biochemically, pain is the last symptom to appear and first to disappear, so even after the painful area is resolved, sessions may be required to adjust issues contributing to the primary complaint. Responses to massage therapy are as individual as the person and the condition. In general, people feel relaxed after receiving massage therapy, and this may last throughout the rest of the day. If deeper modalities are used, soreness may be experienced the next day as blood flow and nutrients reach previously blocked areas.

Scope of Practice

I am strictly a massage therapist and cannot diagnose, but I can refer you to other health care professionals if needed.

Confidentiality

Everything said during a session is kept confidential. Health History information will only be shared with your consent or if I am legally subpoenaed.

Hygiene/Health

I will have decent hygiene and expect the same from you. It is a good idea to shower before a session and brush your teeth. If you have any contagious skin conditions it is important to notify me of this before our session begins. Also, if you have a contagious illness we will need to reschedule your appointment because I do not want to risk becoming sick and spreading the illness to other clients. Other suggesstions for the day of your massage: Do not eat 30 minutes before or after a session. Avoid strenuous exercise, or mentally stressful situations. Do not consume alcohol. Drink plenty of water and do not over/under eat. Please do not smoke before your session as I am allergic to smoke and I do not want the room to smell like smoke for other clients.

Fee Structure

I will accept cash or checks. If a check bounces you will be charged for the fees. If the fees change you will be notified two weeks in advance. Payment will be due after each session is complete unless other arrangements have been made.

Cancellation/Tardiness

If you are late the full fee will still be charged. Also, if you do not show up and do not give 24 hours notice the full fee will still be charged. If I do not show up for a scheduled appointment without giving 24 hours notice you will receive the session for free. If I arrive late, I will apply the missed time to your next session. Session time may include pre-treatment interview, as well as post treatment follow up with self-care suggestions.

I have read and understood the above policies to my satisfaction. I have had the opportunity to have all questions answered regarding this information. I understand I can request a copy for my records.

Printed Name_____Date_____

Signature_____