

## Bodywork Essentials, LLC Office Policy

- *Arrival time:* Please arrive five minutes early for your appointment to get cozy. The time we set aside for your appointment is completely yours. If you are late to your session, we will make the most of the allocated time. The session will end at the time scheduled and full cost of the session applied.
- *Canceling your appointment:* When we reserve an appointment for you, there are three people involved: you, the practitioner, and another client waiting for an open appointment. We require 24 hours notice should you need to reschedule or cancel your appointment. Otherwise, 50% of the fee will be required.
- *Not showing for your appointment:* The first time will be forgiven. After a second no show, full payment will be required and future bookings will need to be paid upfront as a courtesy to us and our other clients.
- *Massage is strictly non-sexual:* Massage sessions are strictly non-sexual. Any suggestive statements or actions will result in immediate termination of the session wherein the client pays the full cost of the session. Law enforcement will be notified if deemed appropriate.
- *Times when massage isn't beneficial:* If a client presents with signs and/or symptoms of illness that contraindicate massage (fever, undiagnosed rash, contagious infection), the session will be rescheduled. This is to protect the health of both the client and the therapist.
- *Health Intake form:* To ensure safe, customized sessions, the client must fill out a health intake form before treatment. It is the client's responsibility to relay all health information so the therapist can modify the treatment plan where necessary.
- *Confidentiality:* The client's records and sessions will be kept confidential and will not be shared with anyone without the client's written consent.
- *I'm not a doctor and only occasionally a miracle worker:* Massage serves as a therapeutic tool to enhance well-being. Massage is not a substitute for medical treatment. Massage therapists are not qualified to diagnose conditions, prescribe treatment or perform spinal/skeletal manipulations. Any information imparted by the therapist in the course of treatment should not be construed as such.

Signature \_\_\_\_\_

*I have read and understand the above statements.*

# Client Intake & Health History Form

## personal information

name \_\_\_\_\_ date of birth \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

email \_\_\_\_\_

occupation \_\_\_\_\_

referred by \_\_\_\_\_

emergency contact name (relationship) \_\_\_\_\_ emergency contact phone \_\_\_\_\_

## massage experience

Have you had a professional massage before?  Yes  No

If yes, what types of massage have you had (swedish, shiatsu, deep tissue, etc.)?  
\_\_\_\_\_

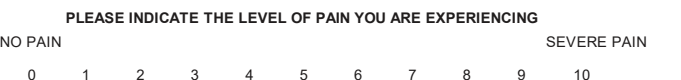
How long have you been receiving massage therapy? \_\_\_\_\_

Frequency of massages? \_\_\_\_\_

What are your goals for treatment? \_\_\_\_\_

\_\_\_\_\_

Using the figure to the right, circle areas of concern or discomfort. Please describe the quality of the pain you are experiencing ie..(aching, stabbing, burning, numbness, tension, injury) \_\_\_\_\_



## health history

### Musculoskeletal

- Bone or joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Migraines/Headaches
- Osteoporosis

### Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Lymphedema
- Thrombosis/Embolism

### Respiratory

- Breathing Difficulty/Asthma
- Emphysema
- Allergies, specify: \_\_\_\_\_
- Sinus Problems

### Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease

### Reproductive

- Pregnant, stage \_\_\_\_\_
- Ovarian/Menstrual Problems
- Prostate

## current health

Reason for initial visit \_\_\_\_\_

\_\_\_\_\_

Have you recently had an injury, surgery, or areas of inflammation? If yes, describe  Y  N \_\_\_\_\_

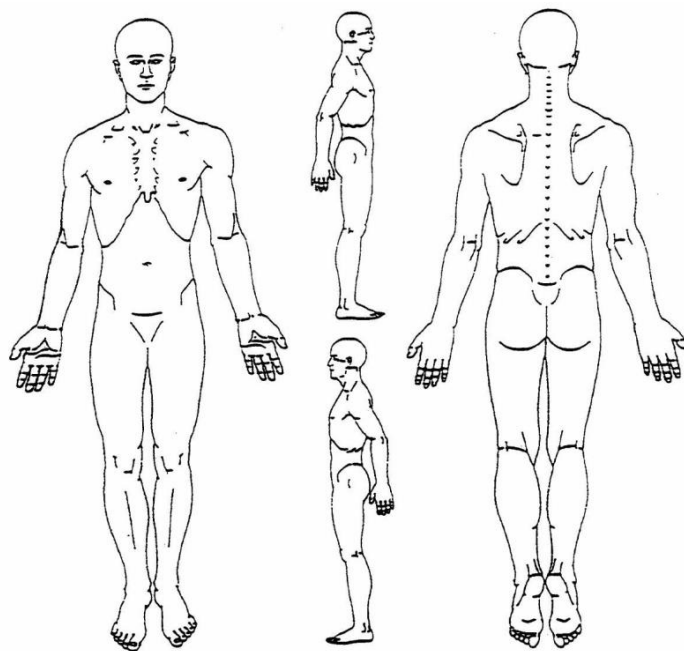
Do you have sensitive skin?  Y  N

Do you have any allergies to oils, lotions or ointments?  Y  N

If yes, please explain \_\_\_\_\_

List any medications that you are currently taking \_\_\_\_\_

List any known allergies \_\_\_\_\_



### Skin

- Allergies, specify: \_\_\_\_\_
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores

### Other

- Cancer/Tumors
- Diabetes
- Drug/Alcohol/Tobacco Use
- Contact Lenses
- Dentures
- Hearing Aids

### Digestive

- Irritable Bowel Syndrome
- Bladder/Kidney Ailment
- Colitis
- Crohn's Disease
- Ulcers

Any other medical condition(s) not listed: \_\_\_\_\_

Please explain any of the conditions that you have marked above: \_\_\_\_\_

### Psychological

- Anxiety/Stress Syndrome
- Depression

\* \_\_\_\_\_  
client signature

\_\_\_\_\_ date of initial visit