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CLIENT INTAKE FORM

Palmyra Massage and Bodywork

CONFIDENTIAL Information

Welcome!! Please complete all requested information to help me make your appointment as pleasant and comfortable as possible. If, at any time, you have questions regarding your session, please let me know.

Name _____ Date of Birth: _____

Address _____

State _____ City _____ Home Phone _____

Work Phone _____ May I leave a message? _____

Occupation _____ E-mail Address _____

Emergency Contact _____ Phone _____

Health Information:

Primary Care Physician _____ Phone _____

Are you currently taking any medications (including over-the-counter)? _____ Yes _____ No

If yes, please list name and reason for medications _____

_____

_____

Please review this list and check those conditions that have affected your health, either recently or in the past. Place a check mark next to any conditions that apply and provide any applicable explanation.

_____ Arthritis
_____ Blood Clots
_____ Broken/dislocated bones
_____ Bruise easily
_____ Diabetes
_____ Cancer
_____ Chronic Pain
_____ Constipation/diarrhea
_____ Auto-immune condition*
_____ Hepatitis (A, B, C, other)
_____ Skin Conditions
_____ Stroke
_____ Surgeries
_____ TMJ Disorder
_____ Osteoporosis
_____ Sciatica or other Nerve pain
(* AIDS, fibromyalgia, chronic fatigue, lupus, etc)

_____ Depression, panic disorder, other psychological condition
_____ Back Problems
_____ Diverticulitis
_____ Headaches
_____ Heart Conditions
_____ Chemical dependency (drugs or alcohol)
_____ High Blood Pressure
_____ Insomnia
_____ Strain/Sprain
_____ Pregnancy (What trimester? _____)
_____ Scoliosis
_____ Seizures
_____ Whiplash
_____ Tenderness in any area _____
_____ Other – explain _____
_____

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If you checked any of the above, please provide details, as necessary, or if there is anything else you feel you should share, please do so below. Additional space is available on the reverse side, if needed. Please note – any and ALL medical information IS important. Some medications and physical conditions interfere with some treatments.

_____

_____

Do you have any of the following today:

____ Skin rash ____ Cold/flu ____ Open cuts ____ severe pain
____ Anything contagious ____ Injuries/bruises

Do you have any allergies to any of the following?

____ Medications ____ Foods (nuts, shellfish, etc)
____ Environmental allergens (dust, pollen, fragrances)
____ Reactions to skin care products (Oils/Lotions _____ Scents _____) Other _____

Please give details for any items you checked above _____

Are you wearing: ____ Contact Lenses ____ Hearing Aid ____ Hairpiece ____ Dentures

Lifestyle Information:

Have you ever received massage therapy? _____ Yes _____ No

Type of massage experienced (Swedish, deep tissue, reflexology, etc.) _____

Do you receive other alternative care? _____

Reason for initial visit? _____

Do you smoke? _____ Yes _____ No

Do you drink alcohol? _____ Yes _____ No If so, how often? _____

Do you consume caffeine? _____ Yes _____ No _____

Sugar/Artificial Sweeteners? _____ Yes _____ No _____

Do you exercise? _____ Yes _____ No If so, how often? _____

How did you hear of our massage services? _____

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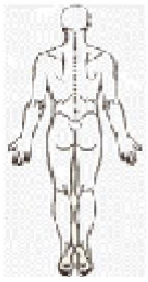
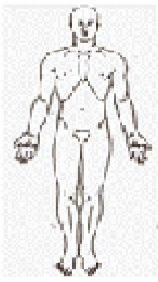
Please indicate with an (x) any areas in which you are feeling discomfort and do your best to describe:


What are your goals/expectations for this therapy session? _____

_____

_____

Please read the following information and sign below:

Policies & Payments

Alyce R Peet adheres to The American Massage Therapy Code of Ethics and Standards of Practice and the policies of The National Certification Board for Massage and Bodywork, and is dedicated to giving you the highest quality of service available by meeting all standards of practice, licensing and continuing education for all of the services we provide.

I do not accept health insurance, therefore, do not accept co pays or agree to reimbursements. A receipt can be given if you wish to submit it to your insurance company.

Gift Certificates are available. Payment is due at the time of purchase and they are non-refundable.

All clients are protected under a 100% confidentiality policy.

I currently accept cash, Visa, MC, Discover or occasionally will barter for payment.

Because of the exclusive and tailored nature of this small business, all clients are asked to give a credit card on which to hold booked appointments or pay cash in advance. I require a 24-hour notice for cancellation or to reschedule. Appointments made for the same day require a 2-hour notice of cancellation or rescheduling. The credit card will not be billed unless the client fails to give the required notice. If the required notice is not given, the full fee for the session booked will be charged to the client's credit

card. Clients who must cancel due to injury or illness will be excused from the fee with a medical slip. Appropriate notice is still required.

Sexual advances, solicitation and or harassment will NOT be tolerated. Any client who engages in this type of behavior will be asked to leave and will be billed for the entire session. Choosing to accept service is an acknowledgment of this policy.

CONTRACT FOR CARE

I understand that the massage I receive is provided for the basic purpose of relaxation and the relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that pressure/stroke may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical or chiropractic examination, diagnosis or treatment. Because massage should not be performed under certain medical conditions, I affirm that I have stated all of my known conditions and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical/health status.

I assume all legal responsibility for my health and well being. In consideration for my being permitted to use these services, I waive and release forever, any rights for claims and damages I may have against Alyce R Peet, or Palmyra Massage and Bodywork, in any manner due to any personal injuries or property loss sustained by me in connection with the use of these services. I attest that I am physically able to receive the treatments made available to me and that I am 18 years of age or older. I understand that the massage therapist reserves the right to terminate my session and further sessions if deemed necessary.

Authorizing Signature: _____ Date: _____

I authorize Alyce R Peet to effect payment for services at the published rate to the credit card listed below, should I either cancel my appointment or attempt to reschedule my appointment without 24 hours notice, or not show up for my scheduled appointment. I agree to pay Alyce R Peet a $25.00 service fee as a result of not having sufficient funds or credit available in my account. If I discover any unauthorized payments, alterations or other errors in my account, I must notify her within 30 days of when I receive my statement. I agree that if I fail to report any forgeries, alterations, signatures or any other errors to my account within 30 days, I cannot assert a claim against Alyce R Peet or Palmyra Massage and Bodywork concerning any items in my statement.

Authorizing Signature: _____ Date: _____

For Office Use Only

Credit Card Number: _____ Exp Date: _____

V-Code _____ Name on Card: _____