

# CLIENT INTAKE FORM

CONFIDENTIAL Information

# Palmyra Massage and Bodywork

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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

May I leave a message? \_\_\_\_\_ What name do you prefer I use when addressing you? \_\_\_\_\_

Occupation \_\_\_\_\_ (This information can give me insight into why and where pain/strain patterns exist and can help us identify ways to make changes that will help relieve them.)

E-mail Address \_\_\_\_\_ Used to confirm and follow-up appointments.

Would you be interested in receiving occasional emails regarding specials, or a newsletter? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Health Information:

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

Please list name of medication, when last dose was taken and reason for medication. \_\_\_\_\_

What, if any medications (including over-the-counter) have you taken in the past 12 hours?

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.

- |   |  |
|---|--|
| <input type="checkbox"/> Arthritis                    | <input type="checkbox"/> Depression, panic disorder, other psychological condition |
| <input type="checkbox"/> Blood Clots                  | <input type="checkbox"/> Back Problems   |
| <input type="checkbox"/> Broken/dislocated bones      | <input type="checkbox"/> Diverticulitis  |
| <input type="checkbox"/> Bruise easily                | <input type="checkbox"/> Headaches   |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Heart Conditions  |
| <input type="checkbox"/> Cancer                       | <input type="checkbox"/> Chemical dependency (drugs or alcohol)                    |
| <input type="checkbox"/> Chronic Pain                 | <input type="checkbox"/> High Blood Pressure                                       |
| <input type="checkbox"/> Constipation/diarrhea        | <input type="checkbox"/> Insomnia  |
| <input type="checkbox"/> Auto-immune condition*       | <input type="checkbox"/> Strain/Sprain   |
| <input type="checkbox"/> Hepatitis (A, B, C, other)   | <input type="checkbox"/> Pregnancy (What trimester? )                              |
| <input type="checkbox"/> Skin Conditions              | <input type="checkbox"/> Scoliosis   |
| <input type="checkbox"/> Stroke                       | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Surgeries                    | <input type="checkbox"/> Whiplash  |
| <input type="checkbox"/> TMJ Disorder                 | <input type="checkbox"/> Tenderness in any area                                    |
| <input type="checkbox"/> Osteoporosis                 | <input type="checkbox"/> Other – explain   |
| <input type="checkbox"/> Sciatica or other Nerve pain |  |

(\* AIDS, fibromyalgia, chronic fatigue, lupus, etc)

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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. Please note – any and ALL medical information IS important. Some medications and physical conditions can interfere with and even be dangerous with some massage treatments.

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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)    **Coconut** (*I use coconut oil for massage*)  
 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? \_\_\_\_\_

Have you consumed alcohol within 12 hours of this appointment?    Yes    No

Do you exercise?    Yes    No   If so, how often? \_\_\_\_\_

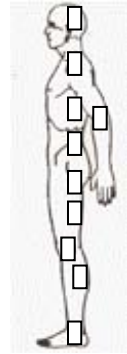
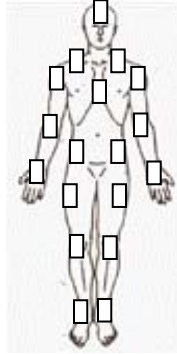
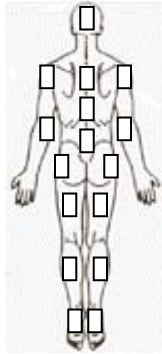
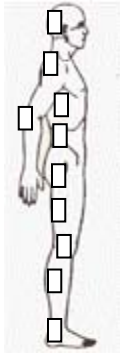
How did you hear of our massage services? \_\_\_\_\_

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Please print form, and then 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 massage services provided.

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 and Master Card. I will occasionally barter services for payment. I am NOT currently accepting personal checks, unless you are an existing client and get prior approval from me.

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 telephone notice of cancellation or rescheduling. The credit card will not be billed unless the client fails to give the required notice.

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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 may be excused from the fee with a medical slip. Appropriate notice is still appreciated. **Please note: it is not appropriate to receive massage if you are feeling ill, have a temperature or acute injury, so it is important to contact me as soon as you can.**

**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 responsible for payment of the entire session. This type of activity is considered prostitution and will be reported to the authorities. Choosing to accept service from this provider 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, and/or chronic pain issues. 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, or change in medications.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Alyce R Peet to effect payment for services at the full 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 \$35.00 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: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

V-Code \_\_\_\_\_ Name on Card: \_\_\_\_\_