Intake

ABOUT YOU

Full Name_____Phone Number_____Date of Birth _____

Address_____Email _____

Occupation_____How did you hear about us? _____

Emergency Contact Name _____Emergency Contact Phone Number _____

Physician/Primary Care Name_____Physician Number_____

MEDICAL

Rate your general health today 1 2 3 4 5 6 7 8 9 10 Scale 1= poor 10= no issues

List any medications taken and their use_____

List any major surgeries and dates_____

List any fractures and breaks with dates_____

List any dislocations and dates_____

List any allergies or hypersensitivities?_____

Are you pregnant? How many months? Yes No Is this a high-risk pregnancy? Yes No Why?_____

Have you ever had a massage before? Yes No What type of massage would you like? Relax Healing Mix

Rate the pressure you prefer Light Medium Deep

What are your goals for this treatment session?_____

CONDITIONS & SYMPTOMS

Please mark any conditions that apply to you – TAKE YOUR TIME, ASK FOR HELP IF NEEDED

- Headaches/Migraines
- Neck Pain
- Vision Problems
- TMJ/Jaw Pain
- Shoulder/Arm/Hand Pain
- Cardiovascular Problems
- Respiratory Problems
- Digestive Problems
- Skin Disease
- Hip/Glute/Leg Pain
- Foot Pain
- Arthritis
- Artificial Joints
- Bone Disease
- Pins/Wires/Plates

Other:_____

Are you in any pain today? Yes No If yes, indicate where your primary pain is on the picture below.

Pain intensity – 1 2 3 4 5 6 7 8 9 10 Scale 1= very little 10= extreme

How does the pain feel?_____

Onset of pain (choose one) Sudden or Gradual When did the pain start?_____

Indicate pain areas with an X

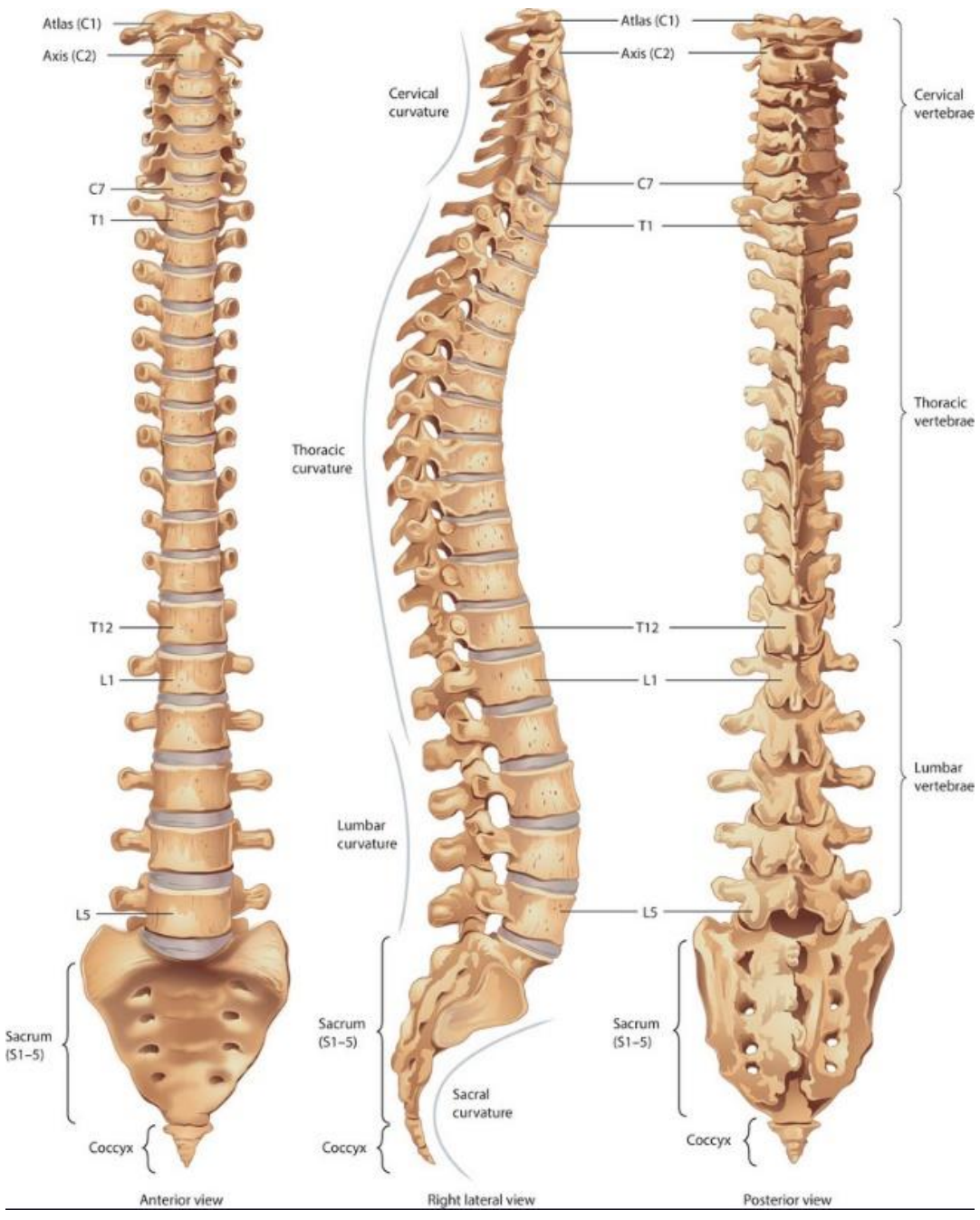
Do you have any spinal issues? Yes No If yes, indicate where on the picture below

Pain right now – 1 2 3 4 5 6 7 8 9 10 Scale 1= very little 10= extreme

How does the pain feel?_____

Onset of pain (choose one) Sudden or Gradual When did the pain start?_____

List the issue_____



CONSENT

I hereby state that, to the best of my knowledge, my answers to the previous questions and statements are correct.

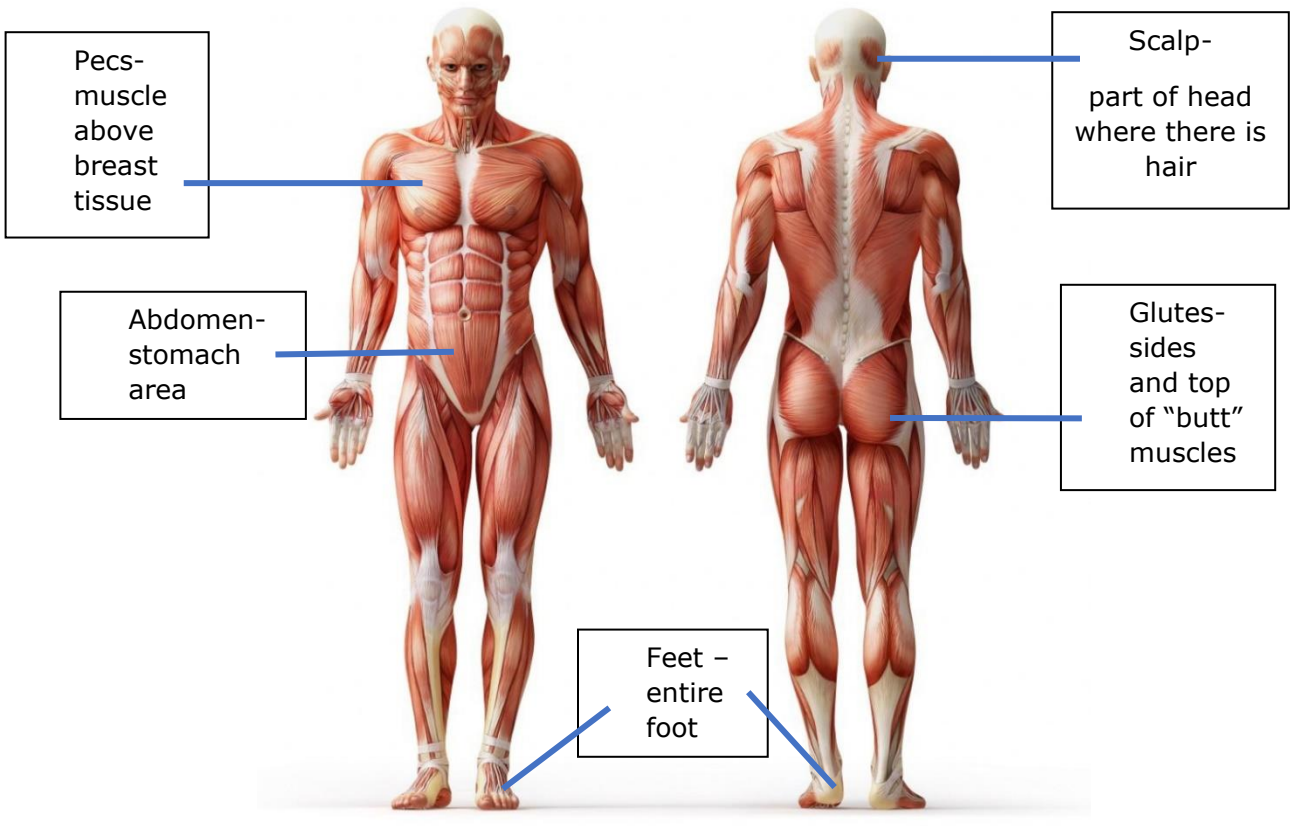
I agree and consent to assessment and treatment. I agree to inform my therapist if any of the above information changes at any time. I understand that my personal health information will be collected. I understand that all information that I provide will be kept confidential unless required by law. I understand and consent that my medical information may be shared by the various care providers involved in my care and treatment.

Signature Date

Consent

As your body is worked on and the Therapist educates you on the benefits of having your Pecs, Glutes, or Abdomen worked; you may change your mind for each session on whether or not you want the area worked. There will never be any breast massage or any massage with sexual intent. Your modesty will be kept at all times by a secure drape. You may disrobe to your comfort level. If there is ANYTHING you do not understand or are uncomfortable with speak up and end the session/ ask to move to another area/ communicate with your Therapist. Your Therapist will ask you and notate for every single session any areas you do not want to receive body work. If there is any inappropriate behavior the Therapist reserves the right to end the session and charge you full price. Law enforcement will be contacted, and you will be asked to leave the premises/ Therapist will leave area of service.

*** Indicate any areas that you do not want worked on ever. There will be no exceptions to work these areas until changed on this form by you. If you do not indicate any areas, for each session the Therapist will notate if you did not want the area worked for that individual session. Circle below any area you don't want worked for the year.



CIRCLE UNWANTED >>> Pecs: Above breast tissue Glutes: Buttocks Scalp Feet Abdomen

_____

Signature Date

Policy & Liability

We appreciate that you've chosen us for your massage and bodywork needs. To provide the best service possible to our clients we have implemented the following policies.

Location & Outcall

Outcall is available please call to set up outcall appointments. Clients will be charged $20 fee on top of outcall session. We are located 13802 N Scottsdale Rd. Ste 120-19 Scottsdale AZ 85254 inside of Salon Boutique.

Payment & Modalities

We accept all major credit and debit cards Visa, Master Card, and Discover. Cash accepted and preferred. Payments must be made in full at the time of session. We do not accept checks of any kind. Please download a service menu at www.shaktimtdivineself.com for a full price list, and to see current modalities offered.

Appearance & Intoxication

Massage therapy requires prolonged, close contact with people. This can be particularly challenging when clients have body odor. Certain body odors are normal and can easily be addressed, while others may be cause for a physician's referral. Please respect your therapist by showering before your session. If you arrive at your session with body odor your therapist will compassionately reschedule your session no extra fees. If you make it a habit you may be subject to client dismissal.

Alcohol and narcotics use will not be tolerated and can impair your judgement on depth of pressure and ultimately hurt the client. To safeguard your well-being your massage will be rescheduled. Your session will be charged in full, absolutely no refunds for any service scheduled.

Cancellation

We respectfully ask that you provide us with a 24 hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24 hour notice we are often unable to fill that appointment time.

This is an inconvenience to your therapist, and also means our other clients miss the chance to receive services they need. For this reason, you will be charged $50 of the service fee for the first missed session and 100% of the service fee for each session after that. We also reserve the right to require a credit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur. We understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis. Shakti Massage Therapy does not issue any returns. You may reschedule your appointment at your earliest convenience.

Late Arrival

We request that you arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this occurs, so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

Inappropriate Behavior

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full-service fee regardless of the length of your session. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

Medications, Surgeries, & Injuries

Medication, Surgeries, and Injuries can be contraindicated for massage and alter the effects of your session. We require that you keep your therapist updated for every session on any medications, surgeries and injuries so that we can best and safely help you.

General Liability Release

By signing below, you agree to the following:

1) I give my permission to receive massage therapy.

2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.

3) I understand that the massage therapist does not diagnose illnesses or injuries; or prescribe medications.

4) I have clearance from my physician to receive massage therapy.

5) I understand the risks associated with massage therapy include, but are not limited to:

- **Superficial bruising**
- **Short-term muscle soreness**
- **Exacerbation of undiscovered injury; I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.**

6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.

7) **I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session, so he/she may adjust accordingly. And, if the pressure still isn't to my liking that I need to speak up until the discomfort is gone.**

8) I understand that I or the massage therapist may terminate the session at any time.

9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

By signing below, you agree to abide by these policies and update your therapist on any changes, and reviewed the liability section, and understand (7) to speak up until pressure is tolerable.

_____

Signature Date