



Natural Healing Massage By Nakea Andrews

Client Intake Form

Personal Information:

Name: _____

Phone: _____ Date of Birth: _____ Age: _____

Email Address: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

Open Wounds? Yes No Please Avoid (Circle): Chest Glutes Feet

Date of Initial visit: _____

1. Have you had a professional massage before? Yes No How often? _____

2. Do you have any difficulty lying on your front, back, or sides? Yes No

3. Do you have any allergies to oils, lotions, ointments, or fragrances? Yes No

4. Do you have sensitive skin that massage oils or lotions can effect you? Yes No

5. Do you sit for long hours at a workstation, computer, driving, other? Yes No

6. Do you perform any repetitive movement in you work, sports, or hobbies? Yes No

7. Is there a particular area of the body where you are experiencing:

Tension/Tightness @ _____

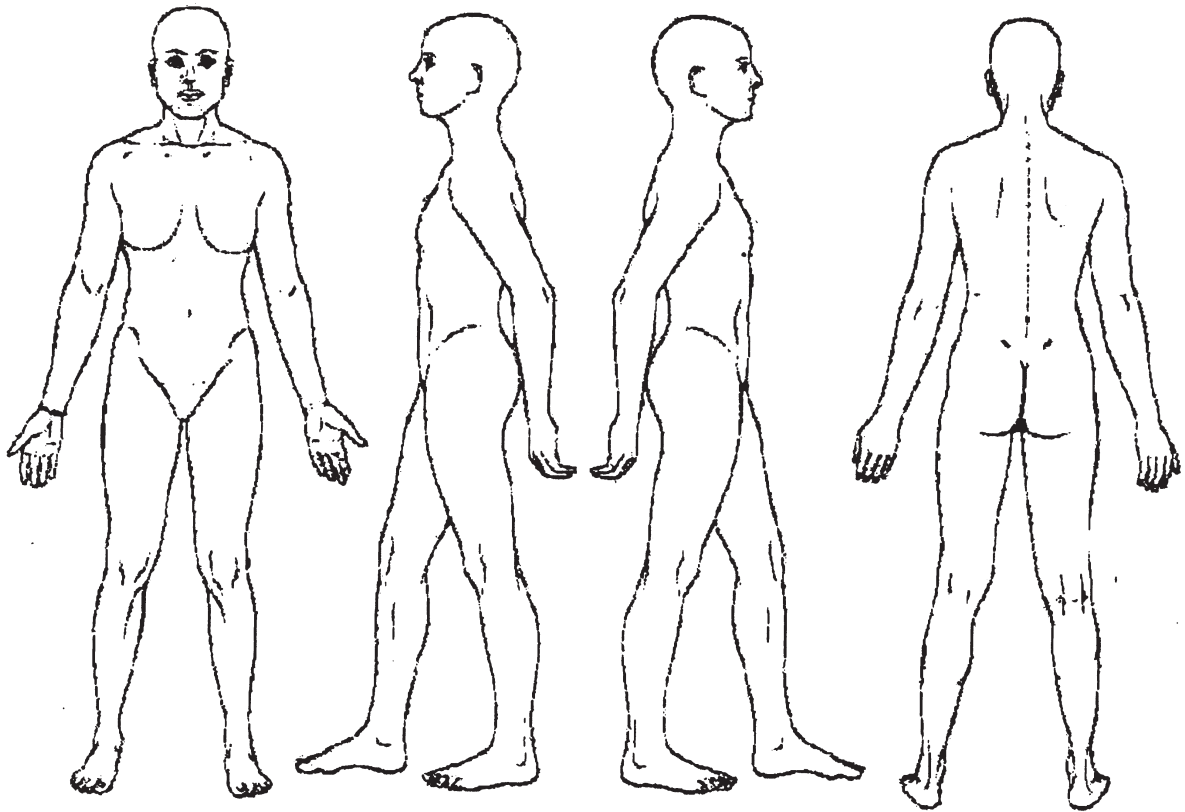
Stiffness@ _____

Pain @ _____

(Circle): Dull pain Sharp pain Burning Pain

8. What are your particular goals for this massage?

Circle any specific areas you would like the massage therapist to concentrate on during the session:

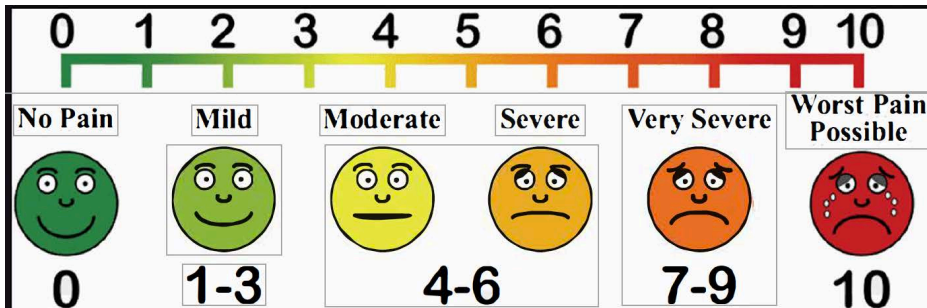


#1 Complaint _____

Pain Scale ____/10

#2 Complaint _____

Pain Scale ____/10



Preferred Session Type (Circle 1):

Full Body Session

Specific Body Area only Session

Preferred Pressure: Circle

Light

Medium (firm)

Deep

Medical History

In order to plan a massage session that is safe and effective,

I need some general information about your medical history.

11. Are you currently under medical supervision? Yes No

If yes, please explain _____

13. Please circle if applies to you: Blood clotting issues Blood Thinning Medication

14. Please check below of any conditions that applies to you:

- | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> phlebitis |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> deep vein thrombosis/blood clots |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendinitis |
| <input type="checkbox"/> recent accident or injury | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> recent fracture | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> recent surgery | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> cancer |
| <input type="checkbox"/> sprains/strains | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> current fever | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> varicose veins | <input type="checkbox"/> pregnancy If yes, Therapist Does Not Perform Prenatal Massage |
| <input type="checkbox"/> atherosclerosis | <input type="checkbox"/> HIV/AIDS |

Draping will be used during the session – only the area being worked on will be uncovered. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Client Signature: _____ Date: _____

Policies and Procedures

Massage Intention

Here at Natural Healing Massage, the intention is to provide clients with therapeutic services that are helping with pain, tension in the body, muscle soreness, injury recovery, or relaxation from stress by moving Qi and Blood. Each treatment is designed specifically to the individual, not all treatments are the same. Treatments may or may not be a full body massage, depending on length of time, severity of focus area, or you the client absolutely want a full body massage. Therapist will use different techniques within a session that can include: Tui Na, Deep Tissue, Swedish/Circulatory, Thai, Shiatsu, Foot Reflexology, or Acupressure, not all techniques will be used. Techniques used are determined upon patient chief/ secondary complaint. In this policy and procedures, it will help guide new and returning clients of arrival time, fee, cancellations, online reservations, scope of practice, client needs and boundaries, and medical conditions.

New Patient Arrival Procedures

New clients should arrive at least 5 minutes before the appointment time to ensure that you, the client will receive all the time that is allotted to you and have efficient time to read and fill out paper work. Your massage session will only last for the appointment time frame booked.

5 minutes consultation/undress, 50 or 80 minutes hands on massage, 5 minutes dress/ check out.

Initial: Groupon voucher Policy

-Groupon vouchers are for New Clients only.

-- If you have already been seen at Natural Healing Massage and want to use your groupon as a gift certificate, please note the voucher will be only for the amount of \$45 off the present regular return price. Difference of total will need to be paid before the time of services.

Appointments

Clients can schedule appointments by online, email, text message, or phone. Therapist will contact you back within 24 hrs. with the availability. You, the client must understand that not all chief complaints will be solved on one session, there may need to be continuous treatments and to ensure the patient has consistent treatments, I would suggest booking for all the appointments that they need in the booking time frame to be sure of the time they want. Appointments can be made one month out or/and within two days of the day of treatment the client wishes to have. Clients may contact the therapist through email if they wish to be put on a cancellation list.

Initial: Late Arrival Procedures

In case of an emergency, please contact the therapist when you know you will be late. Methods of contacting the therapist can be through voicemail, text message, email. Therapist does not answer the phone when in a session, therefore may not be available for answer calls but she will contact the client when sessions are done.

Initial: Cancellation Policy

If you need to cancel/reschedule an appointment please do so within 2 hours of the appointment time. In order to cancel an appointment you can go online at nhm.bynakea.com. Please sign in on the booking screen of Square and cancel the appointment. You can also contact the therapist from the website or by email and text message.

Initial: No show appointments will result in forfeiting/ automatically redemption of any vouchers, coupons or certificates purchased and will be charged an additional 50% of missed appointment price on the next scheduled appointment.

Initial: Sickness Policy

Natural Healing Massage therapist is aware that clients can get sick and does ask for the clients to cancel/reschedule their appointments if they are not feeling well. Therapist will also be inclined to cancel/reschedule appointments with a client if she is not feeling well. Receiving a massage while being sick with a common cold or influenza can worsen your symptoms and can possibly spread to the therapist and other clients. If you have any of these conditions, please cancel/reschedule your appointment:

Diarrhea, Vomiting, Fever, Chicken Pox, Measles, Mumps, Meningitis, Hepatitis A, Conjunctivitis, Rubella, Head Lice, Impetigo, Influenza, Meningococcal Disease, Polio, Ringworm of the body, feet or scalp, Scabies, Thrush, Whooping Cough and the Common Cold.

Informed Consent

The intake session provides time for the massage therapist to discuss with the client as in what their goal is with massage treatments and what is the main focus of what is being treated and the history of the complaint.

Prior to each massage session, the treatment plan will be discussed with you. At your first visit with us you will be asked to sign the treatment consent form stating that you have read the information, understand it, and agree to comply with the professional massage therapy or acupuncture policies and procedures. Clients who we have not seen for at least a year may also be asked to fill out this form.

Scope of Practice

Massage Therapy is a profession in which the practitioner applies manual techniques, and may apply adjunctive therapies, with the intention of positively affecting the health and well-being of the client.

Licensed Massage Therapists do not diagnose or prescribe for medical conditions. The therapist may refer you to a medical doctor for diagnosis or treatment. Our services are not intended as an alternative for proper medical attention for specific conditions. Please refer to a medical doctor for any specific condition which requires medical treatment.

Cupping, Gua Sha, & Moxa Policy

The benefits of cupping and gua sha is to help pull blood toxins that are deep into the muscle layers causing pain to be brought to the surface layer of the body to be expelled and for new blood to circulate through the area relieving the pain and providing movement of qi and blood.

Moxa is a Chinese herb that is burned to help warm the meridians of the body and move qi and blood. There are different forms of application such as pole moxa and indirect moxa that provides heat to a specific area. The use of moxa in a specific area can cause redness in that specific area being applied to. Moxa has a strong aroma when being burned, if you have any sensitivities to aromas please let the therapist know.

Cautions and Contraindications for cupping, gua sha, and moxa: Cupping and gua sha can cause bruise like marking on the body wherever procedure is done. Bruising- like marks called "sha" will usually go away within the same day or at least within 7 days. When markings are still visible it is important to keep the area away from coldness and covered keeping cool air off the area. It may also be a little sore or tender touch in the area applied for treatment of cupping and gua sha that may last a few days. Please advise therapist of any known blood clotting factors or taking blood thinning medications.

- **Procedure of cupping:** glass cups are suctioned to the body with the use of regular massage oil or oil-based liniments that help move qi and blood and give faster relief of the bruise like markings that can possibly appear.
- **Procedure of gua sha:** therapist will use a flat tool to do a scraping like technique on the skin with the use of regular massage oil or oil-based liniments that help move qi and blood and to give faster relief of the bruising like markings.
- **Procedure of Moxa:** Pole moxa or stick-on moxa are the 2 forms of moxa used. Pole moxa is burned and waved upon the area that is being treated. Stick-on moxa is stuck to the area that is being treated and then burn. Stick-on moxa has a barrier that is protective of the skin; moxa is not directed applied to the skin.

Respect of Client needs and boundaries

Please advise the therapist if you need adjustment of pressure, temperature, musical volume, work longer on an area or move on if you request it.

The client may choose to: leave on as much clothing as needed for comfort, refuse any massage methods, stop massage at any time.

The client will always be modestly draped. Only the area being massaged will be undraped. The clients will be kept informed of the area to be massaged.

Sexual interaction or discussion of any kind between the client and the massage therapist is NEVER appropriate.

Confidentiality and Conversation

We treat all client visits and conditions as confidential. As such, we will not discuss your visit with anybody outside of our staff without your express permission.

You may choose to talk or not talk during the massage. Conversation will be guided by the client’s direction and will be kept confidential.

Existing and New Medical Conditions

It is the responsibility of the client to keep the massage therapist informed of any medical treatment currently being taken, and to provide written permission from the physician, chiropractor, physical therapist, etc., that the massage may be continued.

The client must also keep the massage therapist informed of any changes in health conditions and any recent injuries that need to be either avoided or excused from a physician that massage treatment may continue.

Sanitations and Hygiene

All equipment and linens that come in contact with the client will be cleansed in an approved method.

Before and after each massage, the massage therapist’s hands and forearms will be washed with hot soapy water and a disinfecting solution.

Any breaks in the skin of the massage therapist will be covered with protective coverings.

The client will come to the massage therapy appointment clean. The client will inform the massage therapist of any breaks in the skin, and these areas will be avoided.

Should the massage therapist or the client contract a contagious disease that could be spread during the massage session, such as a cold, flu, or other droplet or airborne infection, each will inform the other. The decision to reschedule will be handled on a case-by case manner.

Signature of this form is indication that you, the client has read and understood the clinic policy and procedures.

Client Signature: _____ Date: _____