Therapist: _____ WELLNESS CHART

Name: _____DOB: _____ Date: _____

Phone: _____ Address: _____

Street City Zip Code

1. Reason you are seeking Massage Treatment Today (relaxation, stress, pain, etc).

_____

_____

2. List of your typical DAILY activities – work, home, exercise.

_____

_____

3. Are you currently experiencing any of the following? If yes, please explain.

Pain, soreness, tenderness: ___ no ___ yes _____

Numbness, tingling: ___ no ___yes _____

Stiffness or swelling: ___ no ___ yes _____

4. List all illness, injuries and health concerns you have now, or have had in the past year (Ex: arthritis, diabetes, car accident, pregnancy) _____

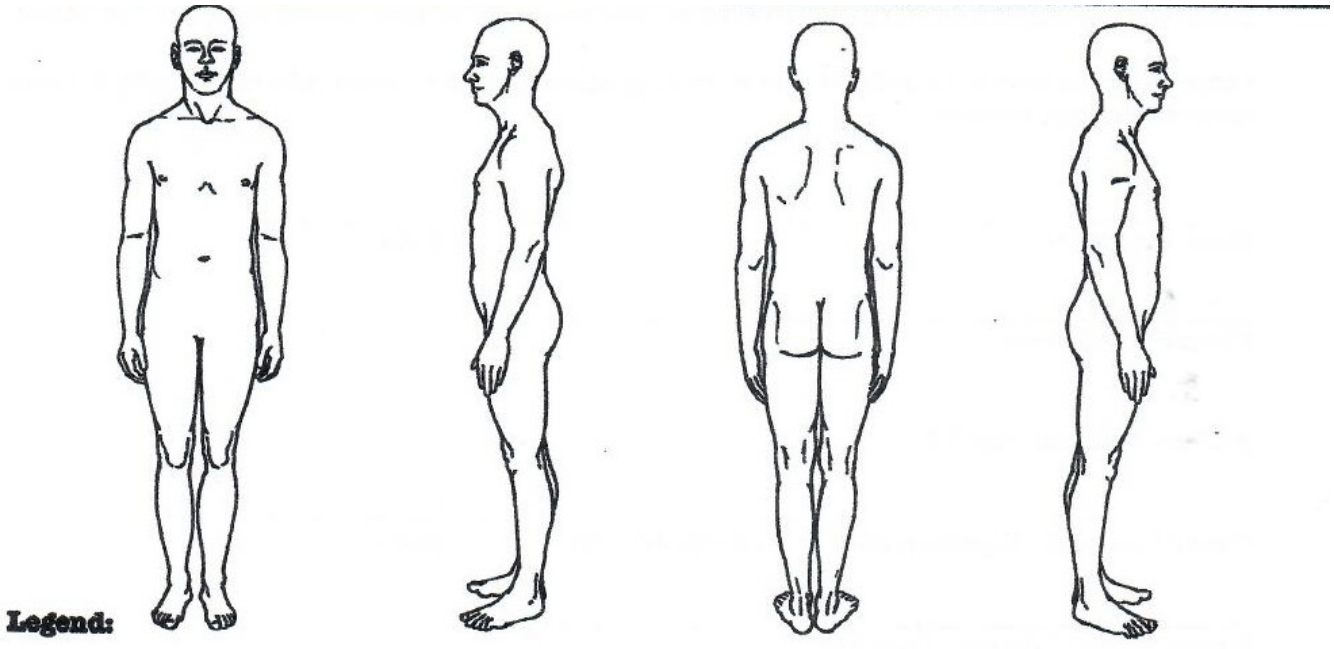
_____

5. List medications and pain relievers taken this week. _____

6. Please list any additional comments that I, as your practitioner, may need to know regarding your health and well being: _____

*****Except for the region receiving massage, your body will be covered at all times during your session. The following areas will not be exposed or touched at any time during your massage session, either by the client or the massage therapist: Genitals, breasts, or gluteal cleft, and any other areas you are uncomfortable having exposed or touched. Sexual language or conduct will result in your massage ending with full payment for your scheduled service due.**

Please indicate areas of pain on the chart below: *Please read and sign the back* ➡



Informed Client Consent: (Please initial each section in order to signify that you understand and are in agreement with the statements below.)

_____ I understand that this massage is for therapeutic purposes only, and will be completely non-sexual. Any sexual remarks or advances will terminate my session, and I will be liable for full payment of the scheduled session. I also understand that my massage practitioner reserves the right to refuse service for any reason.

_____ I have completed this form to the best of my knowledge, and I will inform my massage practitioner of any changes in my health. I further agree to allow my massage practitioner to discuss my health with my healthcare provider(s) listed.

_____ I understand that massage practitioners do not diagnose or prescribe for medical illness, disease, or other disorders. I further understand that massage therapy is not a substitute for medical examination or diagnosis, and I will consult my doctor with any health concerns that I have. If I experience any pain or discomfort during the massage session, I will immediately communicate that to the practitioner so that treatment can be adjusted accordingly.

_____ I give Lakewood Massage Center permission to bill my insurance company directly. I understand that this is a courtesy, and that I will be responsible for any co-pays, co-insurance, deductibles, or services that are denied or not paid by my insurance company.

_____ Unless there is an emergency or inclement weather, I acknowledge that if I am unable to keep a scheduled appointment, 4 hours notice is required or I may be charged for the time reserved. I understand that my session begins at the scheduled time and will end at the scheduled time, regardless if I am late for my appointment. I will be charged for the full scheduled session, even if my massage is shortened due to my tardiness.

_____ Federal law requires that a *Notice of Privacy Practices* be made available to all patients. You have the right to review the Notice and this serves as an offer to receive said *Notice*. Your signature below acknowledges that you have received or have been offered and refused a copy of the *Notice*.

I have read this form in its entirety, and by signing below I agree to these policies and give my consent to receive massage therapy.

_____ _____
Client Signature Date

If Client is Under Age 18:

_____ _____
Parent / Guardian Signature (for Clients under Age 18) Date

_____
Printed Name of Parent / Guardian

_____
Printed Name of Under-Aged Patient