

Puyallup Massage & Bodywork

Client Intake Form

Today's Date _____

Name _____ Date of Birth ___/___/___ email _____
Address _____ City _____ State ____ Zip _____
Phone (Cell) _____ Occupation _____
Emergency Contact _____ Phone _____ Relationship? _____

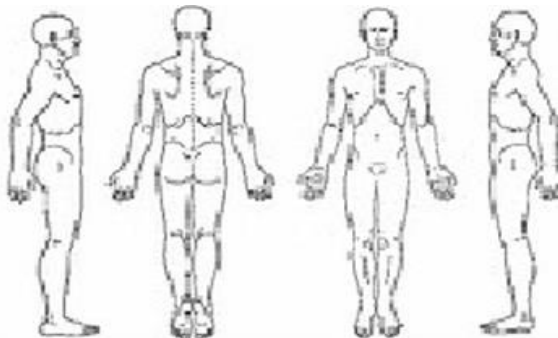
If you were in an auto accident please complete the following & along with Proof of Ins & ID (PIP CLAIMS ONLY)

Auto Accident: Insurance Co _____ Policy # _____
Claim # _____ Date of Injury _____ SSN# _____ - _____ - _____

The following information will be used to help plan safe and effective massage sessions.

Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? Yes No If yes, how often? _____
When was your last massage? _____
2. Do you have any difficulty lying on your front, back, or side? Yes No If yes explain _____
3. Do you have any allergies to oils, lotions, or ointments? Yes No If yes explain _____
4. Do you have sensitive skin? Yes No
5. Do you sit for long hours at a workstation, computer, or driving? Yes No
If yes, please describe _____
6. Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please describe _____
7. Do you experience stress in your work, family, or other aspect of your life? Yes No
If yes, how do you think it has affected your health? Muscle tension anxiety insomnia irritability
other _____
8. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?
Yes No If yes, please identify _____
9. Do you have any particular goals in mind for this massage session? Yes No
If yes, please explain _____
10. Please specify any areas you **DO NOT** want worked on _____
11. **Circle any specific areas you would like the massage therapist to concentrate on during the session**



Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

12. Are you currently under medical supervision? Yes No

If yes, please explain _____

13. Do you see a chiropractor? Yes No If yes, how often? _____

14. Are you currently taking any medication? Yes No If yes, please list _____

15. Please check any condition listed below 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/tendonitis |
| <input type="checkbox"/> recent accident of injury | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> recent surgery | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> sprains/strains | <input type="checkbox"/> cancer |
| <input type="checkbox"/> current fever | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> varicose veins | <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> atherosclerosis | <input type="checkbox"/> pregnancy if yes, how many week? _____ |

Please explain any condition that you have marked above _____

16. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

Draping will be used during the entire session – only the area being worked on will be uncovered. You are not to remove draping during the massage.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation, relief of muscular tension and may help to reduce pain. If I experience any pain or discomfort during this massage 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. I give consent to allow therapist to use any modality she is trained in (including Cupping and Intra-Oral treatment) to help alleviate the areas of discomfort. 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. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I am still required to pay in FULL for the booked session and my name may be given to the local Police. I also understand that the Licensed Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated. If I am using insurance I understand that if my insurance does not pay for whatever reason that I will be fully responsible for FULL payment.

Signature of client _____ Date _____

Massage Cancellation Policy

Unfortunately we find it necessary to request that all clients keep a current credit/debit card on file. We have had an increase in clients cancelling in less than 24 hrs before their appointment or not showing up at all. ALL No shows will be charged the full rate of the appointment they had scheduled and late cancellations MAY be charged a fee of up to the full rate. If you have already provided a card at time of scheduling you do not need to fill in the CC/DC info.

CC/DC # _____ Exp ___ / ___ CVV # _____ Zip Code _____

Massage Appointment

We understand that unanticipated events happen occasionally in everyone's life and are happy to honor your business as follows. If there are any health issues present at the time of your scheduled massage that might make massage a bad idea, including fever/cold/flu/sickness, please contact us BEFORE arriving for your massage. If you are pregnant at the time of your massage appointment, please contact us BEFORE arriving for your massage so that we may prepare the room accordingly.

Late Arrivals

Out of respect and consideration to your therapist and other clients, please plan accordingly and be on time. If you arrive late, your session may be shortened to accommodate others whose appointments follow yours. Depending upon how late you arrive, your massage therapist will determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment given, you will be responsible for the "full" session.

Cancellations

24-hour notice is required when cancelling a massage appointment. This allows the opportunity for someone else to schedule an appointment. Since all massage services are by appointment only, a major credit card is required to hold your appointment.

Same day cancellations (not including no shows) will be charged 50% of the scheduled service price. Late cancellations due to illness or any possible Covid-19 related symptoms will not be charged.

No Shows

You will be charged the full price for the scheduled service if you do not call to cancel your appointment, do not respond to calls or texts and do not show up.

By signing this agreement, I agree to the cancellation policy as outlined above.

Client/Patient Signature _____ Date _____

Puyallup Massage & Bodywork

Precautionary Covid-19 Liability Release Form

Due to the 2019-2020 outbreak of the novel Coronavirus, aka Covid-19, we are taking extra precautions with the intake of each client, health history review, as well as increased sanitation and disinfecting procedures. Please complete the following and sign below.

Symptoms of Covid-19 include but not limited to;

- Fever over 100
- Chills
- Fatigue
- Dry Cough
- Difficulty Breathing
- Rash
- Sore Throat
- Body Aches

I, _____ hereby agree and Warrant to the following;

* I understand the above symptoms and affirm that I, as well as any and all household members, do not or currently have, nor have experienced the symptoms listed above within at least minimally the last 14 days. Initial: _____

* I agree to having my temperature taken prior to getting in the massage table.

Initial: _____ Temp: _____ Time taken: _____

* I affirm that I, as well as all household members, have not been diagnosed with Covid-19 within the last 30 days. Initial: _____

* I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with Covid-19 within the last 30 days. Initial: _____

* I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a "Hot Spot" for Covid-19 infections within the last 30 days. Initial: _____

I, _____ hereby agree to and Indemnify this business Puyallup Massage and Bodywork and my Massage Therapist or other Massage Therapists/ Providers in this office cannot be held liable for any exposure to the virus or any other contagion caused by any misinformation on this form or the health history provided by each client. I further agree to Indemnify and hold harmless Puyallup Massage and Bodywork, its Massage Providers together with their successors and assigns them from any claims, damages, losses, expenses, liability, obligations, actions or causes of action (including reasonable attorney fees) which the indemnified party (you the client), may or might sustain, pay or suffer, by reason of any act, omission or negligence by the Indemnifying party (the Client). Initial : _____ / the client.

I understand the risk that I am taking by being a willing participant to receive a massage in this facility today and I accept ALL responsibility in the event I test positive at any time following my massage.

By signing below I agree to each of the above statements and release the massage therapist and the business from any and all liability for the unintentional exposure or harm due to Covid-19 or any other contagion.

Client Signature: _____ Date: _____

Therapists Signature: _____ Date: _____