

ELEMENTS MASSAGE™ INTAKE FORM



ABOUT YOU

Name _____

Email _____

Address _____

City _____

State _____

Zip _____

Your occupation _____

Date of birth _____

How did you hear about us? _____

CONTACT INFO

Mobile Phone _____

Home Phone _____

Work Phone _____

OK to leave a message at the number above

OK to leave a message at the number above

OK to leave a message at the number above

Emergency contact name & telephone number _____

How do you like to be notified of your appointments?

Circle all that apply

Telephone _____

Email _____

Text Message (list carrier) _____

HEALTH HISTORY *(Please check all that apply)*

headaches

seizures

fibromyalgia

wear contact lenses

neck pain

bruise easily

varicose veins

jaw clenching/teeth grinding

back pain

high blood pressure

active cancer (ask for an Oncology Intake form)

numbness/tingling, if so, where _____

leg & knee pain

diabetes

Please list any conditions or side effects you have and/or medications you are taking associated with these conditions _____

Accidents, injuries and/or surgeries in the last two years? Please list, include date of occurrence _____

Are you pregnant or trying to become pregnant?

Yes No

If yes, how many weeks: _____ Due date: _____

Postpartum two years or less?

Yes No

If yes, birth date: _____

Do you have any allergies and/or skin sensitivities?

Yes No

If yes, please list: _____

Our lotion products may contain nut oils. Are you allergic to nuts or nut products?

Yes No

If yes, please list the types of nuts: _____

Are there any additional medical issues we should know about?

If you have an issue you do not wish to state on this form, please discuss it with your therapist.

Do you have a Section 125 Health Savings Account (HSA), Flexible Spending Account (FSA), or Health Reimbursement Account (HRA)? Yes No

TERMS & CONDITIONS

LEGAL INFORMATION: BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING - I understand that massage is not a replacement for medical care and that no medical diagnosis will be made. Because massage and bodywork therapy may be contraindicated due to certain medical conditions, I affirm that I have informed the therapist of all known medical conditions and will keep the therapist updated as to any changes in my medical condition going forward. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or manipulations, draping or environment may be adjusted to my level of comfort.

CLIENT BEHAVIOR - Any illicit or sexually suggestive comments or actions made by me will result in immediate termination of the session and I am responsible for full payment.

NON-SOLICITATION POLICY - I will not solicit, recruit or encourage any person employed by this Elements Massage™ studio for employment or the provision of services outside of the studio.

24 HOUR CANCELLATION POLICY - Should I cancel or miss an appointment with less than 24 hours notice, I authorize this Elements Massage™ to charge my VISA/MC/Amex/Discover or checking account for the full session fee.

EMAIL POLICY - We will use your email address for appointment reminders, promotions and news from Elements Massage™. Your privacy is important to us. We will not sell, rent or give your name or address to anyone. To unsubscribe or to receive less or more information, you can select a link at the bottom of every email.

CLIENT INFO - If this Elements Massage™ studio accepts insurance or is located in a mandatory PIP (personal injury protection) state, it is required to comply with HIPAA. Otherwise, this Elements Massage™ studio is NOT required to comply with HIPAA, but does treat client information as private and complies with applicable laws that protect the privacy and security of clients' personal data.

Signature _____

I acknowledge that I have received notice of (or have been given the opportunity to review) HIPAA privacy practices (if applicable) or this Elements Massage™ studio's privacy and security policy. _____ (initial here)

Date _____

Therapist Initials _____