

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 |
| <input type="checkbox"/> OK to leave a message at the number | <input type="checkbox"/> OK to leave a message at the number | <input type="checkbox"/> OK to leave a message at the number |
| Emergency contact name & telephone number | | |
| How 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)*

| | | | |
|--|--|---|--|
| <input type="checkbox"/> headaches | <input type="checkbox"/> seizures | <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> wear contact lenses |
| <input type="checkbox"/> neck pain | <input type="checkbox"/> bruise easily | <input type="checkbox"/> varicose veins | <input type="checkbox"/> jaw clenching/teeth grinding |
| <input type="checkbox"/> back pain | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> active cancer (ask for an Oncology Intake form) | <input type="checkbox"/> numbness/tingling, if so, where _____ |
| <input type="checkbox"/> leg & knee pain | <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many weeks: _____ due date: _____ | | Postpartum two years or less? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, birth date: _____ | |
| Do you have any allergies and/or skin sensitivities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: | | | |
| Our lotion products may contain nut oils. Are you allergic to nuts or nut products? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 CANCELATION 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.

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|-----------|--|------|--------------------|
| 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 |
|-----------|--|------|--------------------|