elements® therapeutic massage

INTAKE FORM

edition: standard • revision: 2.8.13

ABOUT YOU

NAME

EMAIL

ADDRESS	CITY	STATE	ZIP

YOUR OCCUPATION	DATE OF BIRTH

HOW DID YOU HEAR ABOUT US?

CONTACT

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

CIRCLE HOW YOU LIKE TO BE NOTIFIED OF YOUR APPOINTMENTS?
SELECT ALL THAT APPLY

telephone   email   text message (list carrier)

HEALTH HISTORY

MEDICAL CONDITIONS - PLEASE CHECK ALL CONDITIONS THAT APPLY

☐ headaches	☐ neck pain	☐ back pain	☐ jaw clenching/teeth grinding
☐ leg / knee pain	☐ seizures	☐ bruise easily	☐ high blood pressure
☐ varicose veins	☐ wear contact lenses	☐ diabetes	☐ fibromyalgia
☐ active cancer (please ask for an Oncology Intake Form)	☐ numbness / tingling, if so: where?		

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, including 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 nut 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.

I 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 Therapeutic 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 Therapeutic Massage® to charge my VISA/MC/Amex/Discover Card or checking account for the full session fee.

E-MAIL POLICY

We will use your e-mail address for appointment reminders, promotions and news from Elements Therapeutic 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 e-mail.

SIGNATURE	I acknowledge that I have received notice of HIPAA Privacy Practices or have been given the opportunity to review. _________ *(Initial Here)*	DATE	THERAPIST INITIALS