Intake and Health History

Therapist Use Only

Full Name:_____ ☐ Female ☐ Male Date of Birth:_____ Age:_____

Phone:_____ Email:_____

Address:_____

☐Right-Handed ☐Left-Handed Daily activities at work and home:_____

Emergency Contact:_____ Relationship:_____ Emergency Contact's Phone:_____

Primary Care Physician:_____ Chiropractor:_____ Specialist and conditioned treated:_____

Have you had a professional massage before? ☐Yes ☐No How recently?_____ How did you hear about Mountain and Meadow?_____

What are your goals for massage therapy? _____

Please check any conditions you have or have had in the past.

- ☐ Contacts / Dentures / Hearing Aid / Contraceptive Implant / Port / CGM / Insulin Pump / Pacemaker / Other Medical Device or Implant
- ☐ High / Low Blood Pressure
- ☐ Diabetes
- ☐ Cancer or Tumor
- ☐ Lymph nodes removed or tested
- ☐ Contagious Conditions
- ☐ Deep Vein Thrombosis / Blood Clots / Phlebitis
- ☐ Currently Pregnant, Weeks:____☐high risk
- ☐ Given Birth: Vaginal / C-Section
- ☐ Edema / Swelling
- ☐ Fracture/Sprain/Strain
- ☐ Pins / Screws / Joint Replacement or Repair
- ☐ Epilepsy / Seizures
- ☐ Cardiovascular Issues
- ☐ Headaches
- ☐ Skin Condition
- ☐ Numbness / Tingling / Neuropathy
- ☐ Osteoarthritis / Rheumatoid Arthritis
- ☐ Osteoporosis / Spine or Disc Issue
- ☐ Scoliosis
- ☐ Varicose Veins
- ☐ Depression / Anxiety
- ☐ Bruise Easily
- ☐ Fibromyalgia
- ☐ Stress
- ☐ Other(s)

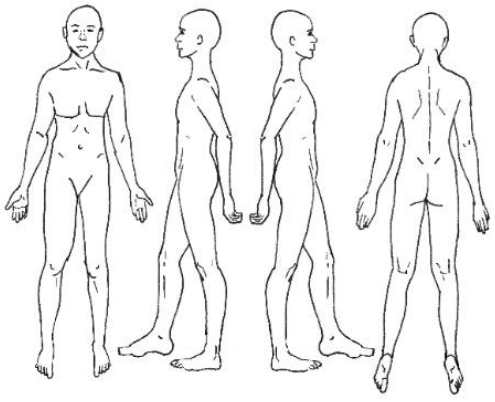
List all allergies:_____

List all broken bones, accidents, surgeries: _____

Medications and what condition they are treating: _____

_____

Indicate areas of tension, pain, and orthopedic surgeries (replacements, pins, plates) on the diagram below.



Consent for treatment: If I experience any pain or discomfort during treatment, I will immediately inform the practitioner so the techniques can be adapted to my comfort. I understand that I may revoke consent for treatment at any time. I understand that the practitioner may refuse treatment, end the session, and/or ask any client to leave the premises if she feels unsafe or that her integrity is compromised in any way, and I will be liable for full payment for the scheduled session. I understand that massage therapy should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment I experience. I understand that the practitioner is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any illness, and that nothing said during the session given should be construed as such. Because massage therapy is unsafe with some medical conditions, I affirm that I have disclosed all known medical conditions and that I will update the practitioner about any change to my health at subsequent sessions. I understand that the practitioner will have no liability if I fail to do so. I acknowledge there is no guarantee of successful results with any massage treatment. I will use my own discretion or consult a physician when considering the practitioner's suggestions for post-treatment care and general wellness.

Signature_____ **Date**_____

Consent to Treat a Minor: By my signature below, I hereby authorize the practitioner to provide massage therapy and related treatments to the child named above. I, or my assigned agent, will remain with the minor for the duration of the consultation, treatment, and post-treatment interview. I understand that the practitioner can refuse treatment if the minor does not consent to the treatment scheduled, and I will be liable for payment of the scheduled session.

Signature_____**Date:**_____

Policies & Procedures

1. Clients need an appointment to receive services, to purchase products or gift cards, or to come into the office for any reason. The exception to this is when an open house or event is advertised.
2. Client intake forms, health histories, and pre-treatment consultation are important for the therapist to provide safe and effective treatments. It is your responsibility to update the therapist about any changes in your health prior to each treatment.
3. Arrive on time for your scheduled appointment time so your treatment can begin on time. Our scheduling includes time for consultation and changing clothes. If a client is late, the time will be deducted from the session. If a client is more than 15 minutes late, it is up to the discretion of the practitioner to decide if the session can be completed at all. Full payment for the scheduled session is required. If you arrive early, please wait in your car until your scheduled time to allow for privacy of other clients.
4. **Cancellations require 24 hours notice or incur a re-booking fee of 50% of the cost of the scheduled session. No-show/No-call situations will require full payment for the scheduled session.** Day-of cancellation of a prenatal treatment attributed to illness due to pregnancy ("morning sickness") will be pardoned for the first occurrence if the client reschedules the appointment. No re-booking fee will be charged. Subsequent occurrences are subject to the regular cancellation and no-show/no-call policies outlined in this document.
5. Massage therapy is contraindicated in some circumstances. Usually, treatments can be adapted to the situation, but occasionally service must be denied for the health of the client. If the therapist cancels your treatment due to a contraindication, you will not be responsible for payment for the undelivered service.
6. The therapist will not provide massage treatment to an intoxicated client.
7. At any time while the therapist is working with you, if anything she asks, says, does, or any treatment causes you discomfort, it is your responsibility to let the therapist know immediately so the concern can be addressed and/or the session can be adapted for your comfort.
8. When the client gets on the treatment table, he/she will cover their body from shoulders to feet with the provided sheet. The majority of the client's body will be covered by a sheet during your session. The therapist will undrape one area at the time to provide the treatment. If your draping does not feel secure or private enough, please address your concern to the therapist immediately so she can adapt the session for your comfort.
9. The office location is home to cats. The treatment area is cleaned weekly to be as free from allergens as possible, and efforts are taken to keep the cats out of the treatment area entirely. Clean sheets are applied to the table prior to your session to avoid contamination. If you are severely allergic to cats, please carefully consider precautions for your health if you choose to schedule treatment at Mountain & Meadow LLC.
10. No smoking is allowed anywhere on the premises including outdoors.
11. Security devices are enabled throughout the location and in the treatment room for the safety of the therapist.
12. The therapist tries to keep conversation to a minimum during treatments. This allows clients to relax and focus on their own bodies while the therapist can concentrate on providing the best treatment possible. Discussion about the pressure, techniques, and your treatment are always welcome.
13. The therapist uses her hands, forearms, elbows, thighs, shoulders, and body to maneuver the client and apply therapeutic techniques. Massage can be provided to these areas on clients: back, glutes, legs, feet, abdomen, arms, hands, upper pectoral area, neck, face, and scalp. The client shall not touch the therapist.
14. **Use language that is appropriate for a healthcare setting. Language of an abusive or sexual nature, including gestures and innuendos, will result in the session ending immediately. Full payment for the scheduled session will be required. Solicitation of sexual services is illegal, and the police will be notified.**
15. The therapist reserves the right to end the session if she feels her safety or integrity is compromised. The client will leave the property immediately. Full payment for the scheduled service will be required.
16. Scheduling an appointment with Mountain & Meadow LLC constitutes agreement to abide by these policies and procedures.

I understand and agree to abide by the above policies and procedures. Scheduling an appointment with Mountain & Meadow LLC constitutes agreement to abide by these policies and procedures.

Client Signature:_____ Date:_____

Print Name:_____