



Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  Female  Male Age: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Specialist: \_\_\_\_\_ Treating: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Chiropractor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_  Right-handed  Left Handed

Daily Work, Activities, Exercise & Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about my massage therapy services?

\_\_\_\_\_

Have you had massage therapy before? Yes / No

When? \_\_\_\_\_

What are the main goals you'd like to accomplish with massage therapy? Please explain and be specific below.

Relaxation  Increased Flexibility  Reduction of Muscle Tension  Increased Body Awareness  Increased Energy

Improved Sleep  Decreased Stress / Anxiety  Rehabilitation  Improved Digestion

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list common essential oil fragrances you DISLIKE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Medical History

## Allergies:

- Coconut
- Tree nuts
- Seeds
- Cats
- Pollen
- Lavender
- Mint
- Olives
- Chamomile
- Shea
- Mango
- Arnica
- Other(s) \_\_\_\_\_

## Medication and the Condition it is Treating (Please include OTC Pain Relievers)

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Please check any condition that applies to you. Elaborate to the right of each condition including dates.

- Medical Device Hearing Aid Contact Lenses Dentures Port Prosthesis
- Hearing Impairment
- High Blood Pressure
- Low Blood Pressure
- Diabetes
- Contagious Skin Condition
- Deep Vein Thrombosis / Blood Clots
- Pregnancy Weeks:\_\_\_\_\_ High Risk
- Recent Fracture
- Recent Injury or Accident
- Open sores or wounds
- Hernia
- Epilepsy
- Seizures
- Edema
- Cancer
- Sprain or Strain
- Carpal Tunnel Syndrome
- Plantar Fasciitis
- Headaches Tension Migraine
- Dizziness
- Vision Impairment
- Sciatica
- Multiple Sclerosis
- Arthritis
- Osteoporosis
- Scoliosis
- Bursitis
- Pins or Joint Replacement
- Tendonitis
- TMJ Disorder or Jaw Pain
- Heart Attack
- Phlebitis / Varicose Veins
- Hemophilia
- Stroke
- Fibromyalgia
- Depression
- Anxiety
- Chronic Fatigue Syndrome
- Bruise Easily
- Numbness or Tingling
- Given Birth Vaginal C-Section
- Other \_\_\_\_\_

# Medical History (continued)

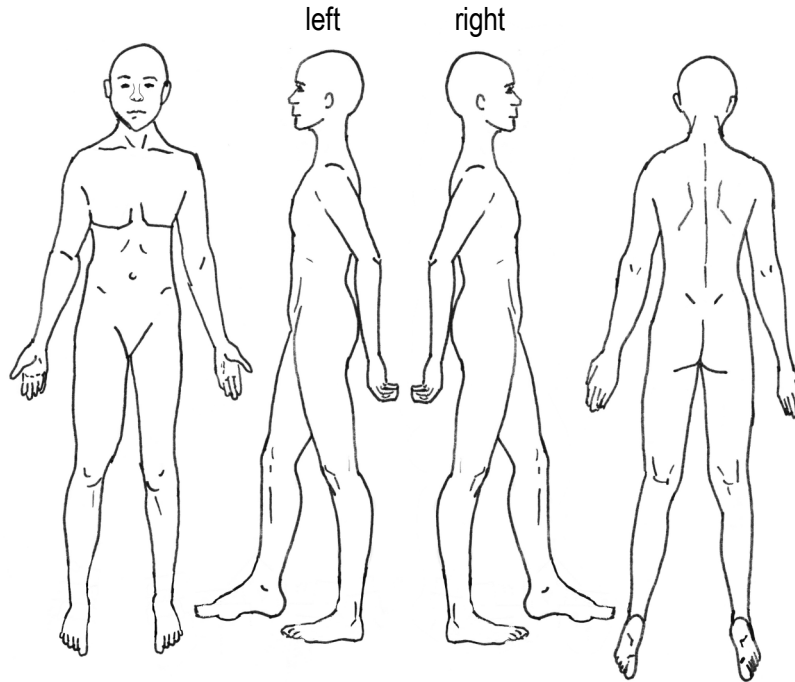
Surgeries and Date: \_\_\_\_\_

## Body Diagram

**X** points of sharp pain.

Shade areas that are tense.

○ Circle areas of joint replacement, pins, prosthetics, etc.



## Informed Consent Agreement

Mountain and Meadow LLC

I have disclosed all medical conditions I am aware of and will inform my practitioner of any changes to my health information. I am aware that the practitioner shall have no liability if I fail to inform her of changes to my medical status. I understand that all information that I provide will be kept confidential unless disclosure is required by law.

I am aware of the benefits and risks of massage therapy and give my consent for treatment. I understand that massage is a wellness treatment and does not replace examination, diagnosis, and treatment from a physician. I understand that the massage therapist does not diagnose illness or prescribe treatments or medications nor perform spinal manipulations and that anything said before, during, or after the session should not be construed as such. I acknowledge that there is no guarantee of successful results with any massage treatment. I am aware that I should use my own discretion or consult with a physician when considering the practitioner's suggestions for post-treatment self-care and general wellness.

If I experience any pain or discomfort during the session, I will immediately inform the massage therapist so the massage techniques can be adjusted for my comfort. I understand that I may revoke consent for massage at any time. I understand that the massage therapist may refuse service, 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 the full payment for the scheduled appointment.

Client's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Mountain and Meadow LLC Policies and Procedures

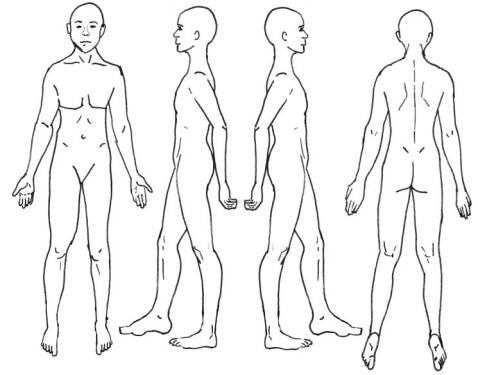
1. Massage treatments take place in the therapist's home office. Clients need an appointment to receive services, to purchase products or gift cards, or to come into the office for any reason. The exception to this is when an open house or event is advertised.
2. Client intake forms, health histories, and pre-treatment consultation are important for the therapist to provide safe and effective treatments. Please be prepared to complete these forms prior to or at your first appointment. This information is used to create a massage therapy treatment plan. 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. Appointments include time to review your health intake form, consultation, and time to change clothing. 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.
4. 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.
5. The therapist will not provide massage treatment to an intoxicated client.
6. 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.
7. 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.
8. 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.
9. 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 and re-drape it when the area is done. 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.
10. The office location is home to two 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.
11. No smoking is allowed anywhere on the premises including outdoors.
12. Security devices are enabled throughout the location and in the treatment room for the safety of the therapist.
13. 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.
14. The therapist uses her hands, forearms, elbows, thighs, shoulder, 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.
15. 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.
16. 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.
17. Scheduling an appointment with Mountain & Meadow LLC constitutes agreement to abide by these policies and procedures.

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

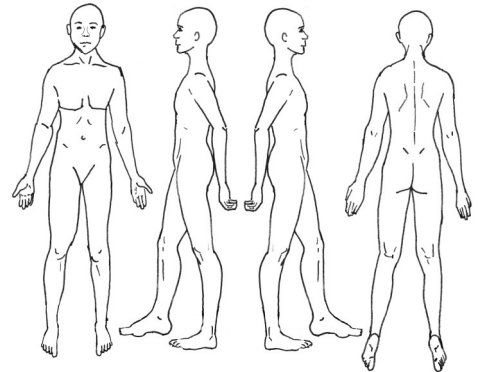
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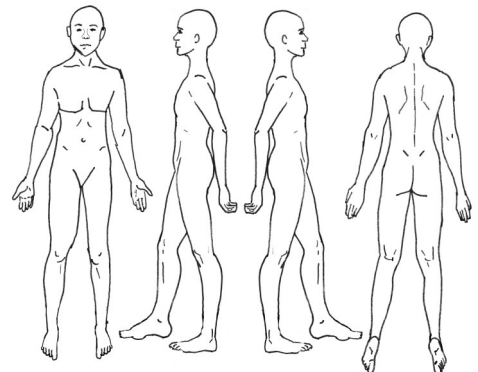
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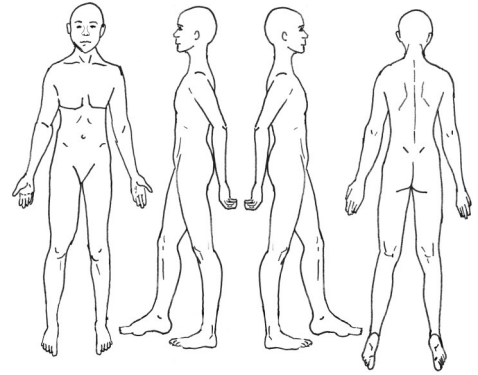
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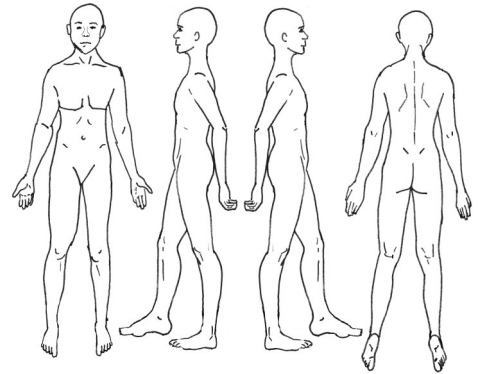
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