Jenna Santino (602) 320-5203

Health Intake Form

Date: _____

Client Name: _____

Phone: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

Referred by: _____

Employment Information
Employed: (Y/N/Retired): _____ Current/Former Occupation: _____

Are You a Student: (Y/N) _____

Repetitive Actions Performed at Work/School: _____

Sit at a Computer: (Y/N) _____ If So, Duration: _____ # Days/Week: _____

Drive To/From Work: (Y/N) _____ If So, Distance: _____ # Days/Week: _____

Massage Information

Have you received professional bodywork before: (Y/N) _____ How Recently: _____

Why Do You Seek Massage: (Treatment/Relaxation/Injury) _____

What Are Your Goals/Expectations for Receiving Bodywork? _____

Body Areas to Avoid: _____ Do You Prefer Lotion/Oil/No Preference: _____

Health Information

How do you Feel Today? _____

What are Your Current Symptoms (Location, Intensity): _____

_____

Are these Chronic Areas of Complaint: (Y/N) _____ If Yes, How Often: _____

Please List Injuries/Accidents: _____
_____

_____

Health Information, Continued

Please List Surgeries (Area/Date): _____

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Are You Receiving Further Medical Treatment for Your Current Symptoms: (Y/N) _____

If Yes, Who and How Often: _____

List Medications You Currently Take: _____

Women:
Are You Currently or Have You Ever Been Pregnant:_____ If Yes: # weeks:_____
# of Children: _____

Please answer the following honestly as massage may not be indicated(safe) for these conditions

Circle any of the following health conditions that you currently have (If you are unsure, please ask):

Blood Clots Congestive Heart Failure Pitted Edema

Contagious Disease

Indicate Conditions You Have or Have Had in the Past. Explain Treatment (ie. medication, surgery, PT.OT,DC)

Current	Past	Muscle or Joint Pain/Stiffness
Current	Past	Numbness or Tingling (Where/When)
Current	Past	Swelling (Where/When)
Current	Past	Bruise Easily
Current	Past	Sensitive to Touch/Pressure (Where/When)
Current	Past	High/Low Blood Pressure
Current	Past	Stroke
Current	Past	Heart Attack
Current	Past	Shortness of Breath, Asthma
Current	Past	Cancer (Location)
Current	Past	Neurological (eg. MS, Parkinson's)
Current	Past	Epilepsy, Seizures
Current	Past	Headaches, Migraines
Current	Past	Dizziness, Ringing in the Ears
Current	Past	Digestive Conditions (eg. Chron's, IBS)
Current	Past	Arthritis (Type/Location)
Current	Past	Osteoporosis, Degenerative Spine/Disc, Bulging Disc (Location)
Current	Past	Scoliosis
Current	Past	Broken Bones
Current	Past	Allergies (Type/Areas Affected)
Current	Past	Diabetes
Current	Past	Endocrine/Thyroid Conditions
Current	Past	Depression/Anxiety

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Current Past Memory Loss, Confusion, Easily Overwhelmed

Comments:

BREATHE
MASSAGE + YOGA
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Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork 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 of which I am aware.

I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I understand that any illicit or sexually suggestive remarks or advances made by me will not be tolerated and result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I also understand that the use of draping during the massage session is non-negotiable. Understand all of this, I give my consent to receive care.

Client Signature: _____ **Date**: _____

Parent or Guardian Signature (in case of a minor): _____ **Date**: _____

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Office

Policies

Client Name: _____ Date: _____

It is my intention to provide guests with a professional and therapeutic massage. I strongly believe that your time is as valuable as mine and I will make every attempt to be ready for your appointment at the scheduled time. In my commitment to provide a unique and outstanding experience to all clients and out of consideration for therapist's time, the following policies have been adopted:

No Shows
Clients who fail to show for massage appointments will not be given a full or partial refund. If paying with a gift certificate, it will become forfeit.

Cancellation
A **48-hour** notice is required for a cancellation or you will be charged in full for the appointment. Payment is due before your next appointment.

Appointment Changes
A **48-hour** notice is required for any changes to your scheduled appointment date, start time or duration. If you shorten the duration at the start of your massage session you will be charged for the duration originally requested. (ie, If you book a 90 minute session but shorten your duration to a 60 minute session at the beginning of your treatment, you will be charged for the entire 90 minutes.) If you are unable to keep your originally scheduled appointment, and a request for a change is received less than **48 hours** prior to your session, you will be charged in full for the appointment. Payment is due before your next appointment.

Tardiness
Please arrive on time to your appointment. Appointment times are as scheduled and cannot extend beyond the stated time. Late Arrivals will result in a shortened massage session.

Sickness
Massage/bodywork is not appropriate care for infections or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

Informed Consent
Your treatment plan will be discussed with you prior to beginning massage. I will only use techniques within my scope of practice. It is your responsibility to communicate with me if you require changes to pressure, technique or emollient. It is also your responsibility to inform me of illness, changes to your health or medication, accidents, injuries, or anything that may affect your ability to safely receive massage.

Release of Medical Records
Your signature below authorizes the release of all your medical records on file in this office, for the purpose of processing your claims, to the following: your attorney, the healthcare providers attending to this condition, and the insurance case managers. Medical records will not be edited unless otherwise stated in an exclusive release of medical records signed through your attorney.

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Refusal of Service

Massage therapy is strictly therapeutic and therefore strictly non-sexual. If you behave inappropriately during the session, I have the right to end the massage and you will be charged the full amount for the appointment and criminal charges may be filed. While therapeutic, massage is not a replacement for medical care, diagnosis, or treatment. Some kinds of massage may be inappropriate for certain medical conditions, and you should inform me of your medical history to the best of your knowledge. If you omit anything that leads to negative results, it is your responsibility. I reserve the right to refuse to provide services to any person at anytime. Should you be denied service you will be reimbursed for any unused services that have been paid in advance.

Your signature below signifies acceptance of these policies.

Signature: _____ Date: _____