



People Massage Therapy Intake Form

CLIENT INFORMATION

Name: _____ Intake Date: _____
 Street Address: _____ Day Phone: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 E-mail address: _____ Birth Date: _____
 Occupation: _____ Referred by: _____
 In Case of Emergency, Contact: _____ at _____

Massage & Health History

Have you ever had a professional massage before? Yes No Date of Last Massage _____
 What results do you want from your massage sessions? _____
 Please describe exercise activities & frequency _____
 Other daily activities: _____
 Are you under the care of a physician? Yes No If yes, please explain: _____

 Please list any medication, including supplements: _____

Please list any recent injuries/accidents/surgeries/illnesses that are could possibly affect your massage:

Please mark all current and previous conditions:

<input type="checkbox"/>	Jaw pain (TMJ)	<input type="checkbox"/>	Limb Numbness (Location: _____)
<input type="checkbox"/>	Tendonitis/Bursitis/Arthritis/Gout/Stiff Joints	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Back pain (low / middle / upper)	<input type="checkbox"/>	Breathing disorders (_____)
<input type="checkbox"/>	Head/Neck/shoulder pain	<input type="checkbox"/>	Sinus Problems
<input type="checkbox"/>	Leg/Thigh pain (Left / Right)	<input type="checkbox"/>	Heart Conditions
<input type="checkbox"/>	Upper/Lower Arm pain (Left / Right)	<input type="checkbox"/>	Low / High Blood Pressure
<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>	Varicose Veins/Blood Clots
<input type="checkbox"/>	Epilepsy/seizures	<input type="checkbox"/>	Depression / Anxiety / Stress
<input type="checkbox"/>	Cancer / Tumors / Bone disease	<input type="checkbox"/>	Fibromyalgia
<input type="checkbox"/>	Lymph Nodes removed/Lymphedema	<input type="checkbox"/>	Alcohol / drug / caffeine / tobacco use
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Currently Pregnant

Describe any conditions indicated above, or other conditions that you feel may be important:

Contract for care:

I promise to participate fully as a member of my health care team. I will make sound choices regarding my treatment plan based on the information provided by my Massage Therapist and other members of my health care team. I agree to participate in the self-care program that we select. I promise to inform my health care team any time I feel my well-being is threatened or compromised. I expect my Massage Therapist to provide safe and effective treatment.

Consent for care:

It is my choice to receive massage therapy, and I give consent to receive treatment. I understand that Massage Therapists DO NOT diagnose illness, disease or any other physical or mental disorders. Massage therapy is not a substitute for medical examination and/or diagnosis. I affirm that I have stated all my known medical conditions and shall take it upon myself to keep my Massage Therapist updated on my physical/mental health. I also agree there shall be no liability on the practitioner's part should I neglect to do so. I fully understand this is a professional massage session and will be terminated immediately if any inappropriate sexual suggestive behaviors occur.

Text Messages Confirmation ~ I acknowledge that I give PHD Massage/Bonnie Dittmer to send me text messages to my cellphone for appointment notifications. _____

(Client's signature)

Signature: _____

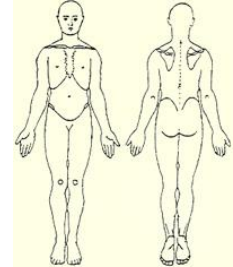
Date: _____

Signature of parent/guardian: _____

Date: _____

(If patient is a minor)

If you are unable to keep your appointment, please give 24 hours-notice.



APPOINTMENT POLICY

When you schedule an appointment, your appointment is blocked just for you to ensure you receive the full amount of time you have requested. I LOVE being a massage therapist, but I need to adhere to my schedule in order to provide the best massage to each of my clients. ***Please be respectful of my time and the time of other clients.***

Late arrival to an appointment **means less time for your massage.** You will only receive the balance of your session **and** you will be charged the full price for the session. We recommend clients **arrive 5 to 10 minutes before** their appointed session time to ensure there is adequate time for paperwork and consultation before each massage.

Each session booked is for the amount of actual table time. ***For example, if you are booked for a 30 minute massage at 5:30 pm, you will receive 30 minutes of massage on the table starting at 5:30 pm and ending at 6:00 pm.*** Consultation time does not impact your table time prior or after your massage. If you need additional table time **and** time allows for it, I would be happy to add additional time to your massage at a \$1 per additional minute, as time allows.

NOTICE OF CANCELLATION POLICY

Notification of **cancellation** must be received 24 hours in advance by phone or email. Clients who cancel their reservations within 24 hours will not incur a fee the first time; subsequent cancellations will be charged at half the cost of the massage scheduled. **No-shows will be assessed on a case by case basis.** Chronic problems with cancellations may require a client to pay in advance for services.

PAYMENT POLICY

We accept **cash, check, credit, and debit.** ***All insufficient funds (Returned) checks are subject to a \$35 fee.***

Gratuity is not required nor expected. If you wish to tip, it will not be declined and will be immensely appreciated.

GENERAL POLICY

We provide professional, therapeutic massage. If you have questions regarding any technique the massage therapist has explained to you, please ask your massage therapist to clarify. Should the therapist or client feel uncomfortable in a session, **either party may terminate the massage** immediately without consequence. We encourage clients to speak with their massage therapist if they are uncomfortable with any techniques or stretches performed during the massage. Each massage session is tailored to each individual and is for therapeutic purposes. ***If any inappropriate sexual suggestive behaviors occur, the session will be terminated immediately with full payment required for the session.***

All clients will **fill out a health/personal history form** before the initial massage. This information will be kept confidential, but is required for health and safety purposes. Client must be 18 years or older to receive a massage. Clients under the age of 18 will require a parent or legal guardian to sign consent form and will be required to remain present during the entire massage session.

By signing below, you are acknowledging that you have read, understand, and are in agreement with the policies of **PHD Massage LLC.**

Signature _____

Date _____