Patient Intake Form – Myofascial Release

Personal Information:

Name _____ Phone (Day) _____ Phone (Eve) _____

Address/City/State/ Zip _____

email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

The Following information will be used to help plan safe and effective Myofascial Release treatment sessions. Please answer the questions to the best of your knowledge.

Date of Initial Visit_____

Have you had a Myofascial Release Treatment before ? Yes No

If yes, how often do you receive MFR?_____

Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain _____

Are you pregnant? Yes No

If yes, how far along are you?_____

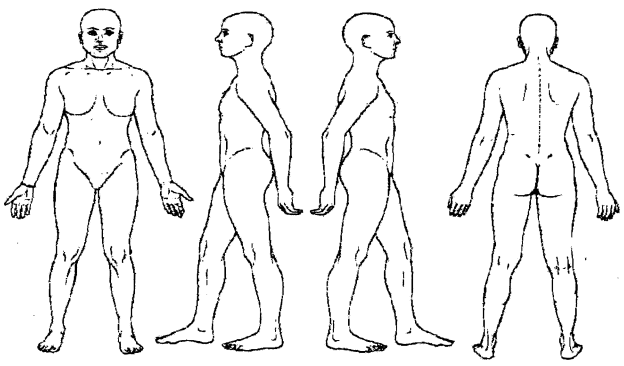
Are you sensitive to touch/pressure in any area? (Ticklish?) Yes No

If yes, please explain _____

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No

If yes, please identify _____

Circle any specific areas you would like your practitioner to concentrate on during the session?



Medical History

In order to plan a session that is safe and effective, I need some general information about your medical history

Are you currently under medical supervision? Yes No

If yes, please explain _____

Are you currently taking any medication? Yes No

If yes, please list _____

Please check any condition listed below that applies to you:

( ) contagious skin condition
( ) open sores or wounds
( ) easy bruising
( ) recent accident or injury
( ) recent fracture
( ) recent surgery
( ) artificial joint
( ) sprains/strains
( ) current fever
( ) swollen glands
( ) allergies/sensitivity
( ) heart condition
( ) high or low blood pressure
( ) circulatory disorder
( ) varicose veins
( ) atherosclerosis
( ) phlebitis
( ) deep vein thrombosis/blood clots
( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
( ) osteoporosis
( ) epilepsy
( ) headaches/migraines
( ) cancer
( ) diabetes
( ) decreased sensation
( ) back/neck problems
( ) Fibromyalgia
( ) TMJ
( ) carpal tunnel syndrome
( ) tennis elbow
( ) pregnancy If yes, how many months?

Please explain any condition that you have marked above _____

_____

_____

_____

Is there anything else about your health history that you think would be useful for your MFR practitioner to know to plan a safe and effective session for you? _____

_____

Information and Suggestions

*In general a Myofascial Release session is performed on the skin.
*Loose fitting clothing including elastic shorts, tank top, or a sports bra is ideal.
*Please do not use any type of lotions on the skin before treatment. This will significantly affect the outcome of your session.
*This is your session and you should be as comfortable as possible.
*Feel free to ask your practitioner any questions before, during, or after the session. Your practitioner is a highly trained professional and will be happy to make you feel informed and comfortable.

No Show Policy

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored.

Twenty-four hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice you will be charged the full amount of your appointment. This is a cash fee and must be paid prior to your next scheduled appointment. Gift certificates will be voided in lieu of the fee.

No-shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show". They will be charged for their "missed" appointment.

Late Arrivals

If you arrive late, your session may be shortened in order to accommodate others who appointments follow yours. Depending upon how late you arrive, your practitioner will then determine if there is enough time remaining to start a session. Regardless of the length of the session actually given, you will be responsible for the "full" session. Out of respect and consideration to your practitioner and other customers please plan accordingly and be on time.

_____ ____/_____

Client Name (Please Print) Date

_____

Client Signature

Client Waiver Form

Please take a moment to read and initial all of the following statements:

If I experience pain or discomfort during the session, I will immediately inform my practitioner so that pressure/techniques can be adjusted to my level of comfort. I will not hold my practitioner responsible for any pain or discomfort I experience during or after the session.

_____

I understand that the services offered today are not a substitute for medical care. I understand that my practitioner is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

_____

I affirm that I have notified my practitioner of all known medical conditions and injuries.

_____

I agree to inform the practitioner of any changes in my health and medical condition. I understand that there shall be no liability on the practitioner's part should I forget to do so.

_____

I understand that Myofascial Release is entirely therapeutic and non-sexual in nature.

_____

By signing this release, I hereby waive and release my practitioner from any and all liability, past, present, and future relating to Myofascial Release and bodywork.

_____

I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. This fee is monetary. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee.

_____

Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____(print name) understand that the Myofascial Release Treatment (MFR) I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or techniques may be adjusted to my level of comfort. I further understand that MFR should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that MFR 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 MFR 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.

Signature of client _____ Date _____

Signature of Practitioner _____ Date _____

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