

Health History and Massage Intake Form –Confidential Information

Date _____

Personal Information

Name _____ Email _____

Home # _____ Cell # _____ Work # _____

Address _____
Street City State Zip Code

Date of Birth _____ Marital Status _____

Occupation _____

Emergency Contact _____ Relationship _____ Phone _____

Referred by (friend, yellow pages, internet, etc) _____

The following information will be used to help plan safe and effective massage/body work sessions. Please answer to best of your knowledge.

Have you ever had a professional massage before? _____ YES _____ NO

Date of last massage _____ How often do you massage? _____

Type of massage experienced (Swedish, Deep tissue, Shiatsu, etc) _____

What type of pressure do you prefer? (light, medium, hard) _____

What are your goals/expectations in mind for this massage session? _____

Any areas of compliant, pain, tension, sensitive, stiffness, discomfort, any areas that are to be avoided?
_____ YES _____ NO

If yes please explain _____

Describe the character of the pain (sharp,dull ache,constant, intermittent, throbbing, shooting, burning) _____

Where most intense _____

What makes the condition better (rest,activity,heat,ice, medicine) _____ What

makes condition worse (movement, certain positions, certain activities) _____ What other treatments have you tried (Physical Therapy, surgery, massage, etc) _____

Do you have any injuries/accidents/illnesses/recent motor vehicle accidents still affecting you?
_____ YES _____ NO

If yes please explain _____

Have you had any surgeries (cosmetic too) auto accidents, trauma, fracture? _____ YES _____ NO

If yes please explain _____

Dates _____ Location on body effected/treated. _____

Do you have difficulty lying on your front, back, or side? _____ YES _____ NO

If yes please explain _____

Please indicate the level of stress in your life: [Low] 1 2 3 4 5 6 7 8 9 10 [High]

How do you de-stress? _____

How many beverages do you drink each day? Caffeinated _____ Water _____

Do you sit for long hours at a workstation, computer, driving? _____ YES _____ NO

If yes please explain _____

Do you perform any repetitive movements in your work/sports/ hobby, exercise/ daily activity?

_____ YES _____ NO If yes please explain _____

Are you currently seeing a physician, healthcare professional, chiropractor, physical therapist, under medical supervision for any issues? _____ YES _____ NO

If yes please explain _____

Are you currently taking any medication/supplements? _____ YES _____ NO

If yes please list and give the reason for taking _____

Do you have any allergies to any of the following? _____ YES _____ NO

Oils / Lotions / Creams / Fragrances / Medication / Foods / Environmental Allergens /
Reactions to skin care products

If yes please explain _____

Do you have sensitive skin? _____ YES _____ NO

Are you wearing any of the following? (Please circle all that apply)

Contact Lenses / Hearing Aid / Hair Piece / Prosthetic Limb

Circle the following conditions that apply to you, past and present. Please add your comments to clarify the condition:

Bulging or Herniated disks
Heart Attack survivor
Headaches
Joint Stiffness / Swelling
Spasms / Cramps
Broken / Fractured bones
Strains / Sprains
Back / Hip Pain

Bruise Easily
Have any current bruises
Indigestion
Constipation
Intestinal Gas / Bloating
Diarrhea
Irritable Bowel Syndrome
Crohn's Disease

Infection
Inflammation
Rashes
Allergies
Athlete's foot
Acne
Impetigo
Hemophilia

Shoulder, Neck, Arm, Hand pain
Chest, Ribs, Abdominal pain
Problems Walking
Jaw pain / TMJ
Tendonitis
Bursitis
Arthritis
Osteoporosis
Scoliosis
Ulcers
Spinal Problems
Lymphedema
Cerebral Palsy
Plantar's Warts
Dizziness
Multiple Sclerosis
Cold Feet or Hands
Stroke
High blood pressure
Pregnancy How many weeks / months _____

Colitis
Varicose Veins
Swollen glands
Depression
Open Sores or Wounds
Numbness / Tingling
Fatigue
Sleep disorders
Anxiety / Stress Disorder
Fibromyalgia
Paralysis
Herpes / Shingles
Tuberculosis
Epilepsy
Chronic Fatigue Syndrome
Fainting
Parkinson's Disease
Heart condition
Low Blood pressure

Carpal Tunnel
Tennis Elbow
Loss of Appetite
Drugs / Alcohol / Tobacco
Difficulty Concentrating
Hearing Impaired
Visually Impaired
Diabetes
Sinus Issues
Gout
Post / Polio Syndrome
Cancer
Herpes / Cold Sores
Plantar Fasciitis
Shortness of Breath
Muscular Dystrophy
Cold sweats
Allergies
Blood clots
Asthma

If you have had any broken bones, sprains, strains please write when and location

Is there any external or internal disease present? _____ YES _____ NO

If yes please explain _____

Are you aware of any reason that you should not receive a treatment today?
_____ YES _____ NO

If yes, please explain _____

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

Print Name _____

Sign Name _____

Date _____

Informed Consent, Release of Liability and Waiver of Certain Legal Rights and Financial Policies

Welcome and thank you for visiting Janet-Lynn Novotny, Traditional Naturopathic, CNHP, Loomis Digestive Health Professional, Reiki Master/Ra-Sheeba Master, Tuning Fork Practitioner, Raindrop Therapy Practitioner, Bach Flowers Therapy, Deep Tissue Manual Lymphatic Drainage Practitioner, Emotional Freedom Technique Practitioner, Bio-Touch™ Practitioner Intern, Cupping Therapy Practitioner, Licensed Massage Therapist, Access Consciousness Bars Practitioner, Theta Healing Practitioner, Cranial Sacral Therapy Practitioner, Hatha Yoga Instructor

Congratulations on taking this important step toward improving your wellness. I am dedicated to providing you personalized care with an emphasis on science-based knowledge natural therapies and alternative modalities that work on the person as a whole, body, mind, spirit. My focus is your whole body wellness which includes your mind, body, and spirit.

This form provides important information regarding Vital Energy Services release of liability and waiver of certain legal rights and financial policies.

Please read the following completely and carefully and sign at the bottom indicating you read, understand, and agree to its content. Please ask questions, if you would like clarification or additional information. A copy of this form is available upon request.

I, Janet-Lynn Novotny, earned a Diploma in Doctor of Naturopathy from the Trinity College of Natural Health in December of 2010. I completed my massage certification from the School of Holistic Massage and Reflexology in January 2013.

I am fully insured and have received formal education, training and certifications for all wellness treatments I practice.

I have a binder with a copy of all my certifications in my treatment room and will be happy to show you if asked. I also have a few of on the wall in my treatment room too.

At this time, the state of Illinois does not license Traditional Naturopathic Doctors and has not adopted any education or training standards of Naturopaths or Naturopathic physicians. This statement of credentials is for information purposes only.

The client understands that under Illinois law, a Naturopathic or Naturopathic physician, Massage Therapist, Bodywork practitioner, Certified DTMLD Practitioner, Reiki Master, or any of the other certifications and credentials provided by Janet-Lynn Novotny, and or Vital Energy Services or any Vital Energy Services renter cannot diagnose or treat any medical, physical or emotional, mental disorder, nor perform spinal or skeletal adjustments, prescribe any treatment or drugs, or recommend discontinuance of these treatments and that nothing said in the course of the session given should be construed as such. Therefore my services are not to be misconstrued as a substitute for medical examination, diagnosis, or treatment, as directly or indirectly dispensing medical advice for the cure or mitigation of any disease or condition. Nor is it an attempt to diagnose or prescribe, being that Janet-Lynn Novotny, is not a licensed MD or DO, chiropractor, nurse, dietitian, physical therapist, or any other licensed practitioner in the state of Illinois. If a client desires a diagnosis or service from one of these licensed practitioners, the client may seek or continue such services at any time.

The client understands that Janet-Lynn Novotny, recommendations and services are primary that of an educator, consultant, or “coach” in regard to the utilization of natural methods for building and maintaining health. The client agrees to hold harmless and waive any claim of present or future liability or negligence against Janet-Lynn Novotny, and/or Vital Energy Services with Janet-Lynn Novotny, for recommendation,

services rendered or products purchased. The client understands that the recommendations and services rendered by Vital Energy Services with Janet-Lynn Novotny, differ from those usually offered by conventional medical doctor or other health care provider.

To clarify what a Traditional Naturopathic Doctor's scope of practice is, please read the following explanation. "Naturopathy is a philosophy which encompasses a view of life, a model for living a full life. The word naturopathy is a Latin-Greek hybrid which can be defined as being close to or benefiting from nature." — Stewart Mitchell, *Naturopathy: Understanding the Healing Power of Nature*. A traditional, classical naturopath specializes in wellness. That is to say, teaching clients how applying natural lifestyle approaches can act to facilitate the body's own natural healing and health building potential. The traditional naturopath does not undertake to "diagnose" or "treat diseases," but rather recognizes that the majority of sub-health conditions are cumulative lifestyle effects, and that the underlying cause of what we call "disease" (or, "dis-ease") is improper diet, unhealthy habits, and environmental factors which cause biological imbalances leading to a weakening of the bodies' natural defenses and subsequent breakdown in health. Traditional Naturopaths guide and teach their clients in natural health approaches such as fasting and detoxification, dietary improvements, the use of herbs, hot baths, aromatherapy, exercise, rest, sunshine, and many other natural health modalities. The practice of Traditional Naturopathy is not considered the practice of medicine.

The client understands that the recommendations and services rendered by Vital Energy Services with Janet-Lynn Novotny, are based on her training that the use of non-invasive natural medicine, such as vitamins, minerals, herbs and dietary changes are used to create a healthy environment in the body. Your visit is based on the belief that the body has a natural ability to heal itself, if given an appropriate internal and external healing environment. Signs of physical, mental, supplemental deficiency or dietary stressors may be identified today. Information about traditional uses of supplementation that may create a healthy balance in the body may be discussed.

The client is aware that Naturopathic health care, energetic modalities, body work, and massage is not exact science and acknowledges that no guarantees have been made as to the results of services that are performed on them and does not hold Janet-Lynn Novotny, responsible for their outcomes.

Client understands and agrees that they will provide Janet-Lynn Novotny, with complete and accurate health information, and a written referral from Client's primary healthcare provider if Client is currently receiving care or has a specific medical condition or symptoms for which Client takes medication or receives periodic evaluations or treatment.

Client understands that massage therapy, bodywork, and energetic modalities are provided for the purposes of stress management, relief of muscular tension, general relaxation, and improvement of circulation and energy flow. If you experience any pain or discomfort during the session, you agree to immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

Client understands that for massage, some bodywork modalities, and body treatment modalities require an unclothed body. Your body will be draped at all times for warmth, sense of security, and as a mark of massage therapy/body worker professionalism. Client agrees to immediately inform the practitioner/therapist of any unusual sensation or discomfort so that the application of pressure may be adjusted to Client's level of comfort. Client understands that massage/bodywork therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part, will result in an immediate termination of the therapy session. In the event of such termination, Client understands that payment will be expected in full; regardless if the massage was completed or not.

Client understands that if they become uncomfortable for any reason during their massage session, they may request that Janet-Lynn Novotny, end the massage session, and it will end immediately.

Client understands that there are some very slight risks associated with massage therapy, deep tissue lymphatic drainage, energy work, bodywork, hot stones, ear candling, infrared sauna treatment, ionic foot bath, body oils, essential oils, creams, lotions, scrubs, or products. These risks may include, but are not limited to, allergies, muscle soreness, bruising, skin sensitivity, or complications from hot or cold stones.

Client and Janet-Lynn Novotny, have discussed the potential benefits and possible side effects of massage therapy, body work, energy modalities, or any other services Janet-Lynn Novotny, provides and have agreed upon a course of focused attention and therapy for the predetermined goals of stress reduction, relief of muscular discomfort, and/or promotion of general health. Client has been given an opportunity to ask questions of Janet-Lynn Novotny, and has received all requested information.

In consideration for the use of Vital Energy Services, and Janet-Lynn Novotny, services, the client hereby releases on their behalf and on behalf of Janet-Lynn Novotny, any and all liability or responsibility for any injury, damage or other losses, including attorney's fees, associated with use of Vital Energy Services and Janet-Lynn Novotny, services.

The client agrees to indemnify and hold the indemnified parties harmless from all liability, damages, and claim from any third person resulting from my usage of equipment or products in use in Vital Energy Services and Janet-Lynn Novotny, services

Client hereby assumes full responsibility for receipt of the massage therapy, body work, energy modalities, or any other services Janet-Lynn Novotny, provides and releases and discharges Janet-Lynn Novotny, from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the Janet-Lynn Novotny, to the fullest extent allowed by law.

Client agrees that this Consent will apply to and govern current and all future therapy sessions. In signing this consent for Therapy and Waiver of Liability, you understand this covers all services performed by Janet-Lynn Novotny, and/or Vital Energy Services with Janet-Lynn Novotny,

The client agrees they have stated all medical conditions and allergies that they are aware of, and this information is true and accurate.

All information provided on the health questionnaire/intake form or during office visits is confidential. Information will only be released outside of our center with the client's written and signed release. It is the clients responsibility to inform Janet-Lynn Novotny, of any changes in their medical status.

I am not on this visit or any subsequent visit acting as an agent for the federal, state, county, local agencies or news media on a mission of entrapment or investigation.

I understand that I may be referred to another professional to seek further care if deemed necessary.

FEES AND PAYMENT

Fees for office visits and phone consultations are based on the rate of the service. All current fees are listed on Janet-Lynn Novotny, website and brochure at www.vitalenergyservices.com. Payment is required in full at the time of service for office visits, supplements, and/or products sold. Payment methods include, cash, check, or major credit cards. Gratuity is accepted and appreciated but not required and not included in the price of the service.

Initial Here _____

INSURANCE

Most insurance coverage is limited to those states that offer licensure to Naturopathic Doctors. Currently, Illinois is not a licensed state and therefore it is unlikely your insurance provider will cover services rendered by a Naturopathic doctor. Janet-Lynn Novotny, or Vital Energy Services does not bill insurance providers.

CANCELLATION POLICY

Janet-Lynn Novotny, requires that cancellations for scheduled appointments be received 48 hours in advance during regular office hours of 8:00 am until 5:00 pm. Janet-Lynn Novotny, reserves the right to charge for missed or cancelled appointments that do not follow this policy. Fees are based on the service scheduled and the current fees for that service which are listed on the website at www.vitalenergyservices.com and brochure.

Initial Here _____

PRACTITIONER POLICY

The schedule of Janet-Lynn Novotny, is divided into times so if a client is late for their service then she will do as much possible with in the time remaining. The client understands that if they arrive late, the full amount of the session will be charged to the client and the session will end at the original scheduled time so the client following is not penalized. If Janet-Lynn Novotny, starts late then time will be added to the end of the service or the price will be adjusted respectfully.

Initial Here _____

I am voluntary seeking the services of Janet-Lynn Novotny, and/or Vital Energy Services and have read understand and agree to the above statements and policies.

Print Name _____

Sign Name _____

Date _____

Minor Informed Consent Form

Children under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I _____ hereby give permission (and until further notice) to _____ to provide my minor child/person under my guardianship with services as deemed appropriate to treat presenting conditions/injuries/concerns. I understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to myself and to the minor.

Signed _____ Date _____

Parent/Guardian