



Making a Difference One Body at a Time

PHD Massage LLC
 Bonnie Dittmer, WI License #11294-146
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People Massage Therapy Intake Form

CLIENT INFORMATION

Name: _____ Intake Date: _____
 Street Address: _____ Home 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 daily activities _____
 Are you under the care of a physician other than routine? 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:

Do you receive chiropractic adjustments? Yes No
 How much water do drink daily? _____ ounces

Please mark all current and previous conditions:

<input type="checkbox"/>	Jaw pain (TMJ)	<input type="checkbox"/>	Limb Numbness (Location: _____)
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Heart Conditions
<input type="checkbox"/>	Head/Neck/shoulder	<input type="checkbox"/>	Low / High Blood Pressure
<input type="checkbox"/>	Leg/Thigh pain (Left / Right)	<input type="checkbox"/>	History of Blood Clots
<input type="checkbox"/>	Upper/Lower Arm pain (Left / Right)	<input type="checkbox"/>	Fibromyalgia
<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>	Currently Pregnant
<input type="checkbox"/>	Cancer (Type: _____)	<input type="checkbox"/>	Epilepsy/Seizures
<input type="checkbox"/>	Lymph Nodes removed	<input type="checkbox"/>	Other

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

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 to avoid no-show fee

(Over)

If you are unable to keep your appointment, please give a minimum 24 hours-notice to avoid cancellation fee.

POLICY AGREEMENT

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.

INFECTIOUS DISEASES POLICY

I will cancel my appointment if any of the following apply: 1) fever in the last 24 hours of 100 degrees F or above; 2) any respiratory or flu symptoms, sore throat, or shortness of breath; 3) or have been in contact with anyone in the last 14 days who has been exposed or tested positive with COVID-19 or has coronavirus-type symptoms.

Consent of Treatment and Notification

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless **Bonnie Dittmer/PHD Massage LLC** from any claims related thereto. I give my consent to receive treatment from **Bonnie Dittmer/PHD Massage LLC**. If I have been exposed or test positive for COVID-19, within the next 14 days, I will notify **Bonnie Dittmer/PHD Massage LLC** immediately.

APPOINTMENT POLICY

When an appointment is scheduled for you, that time is 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 to provide the best massage to each of my clients. *Please be respectful of my time and the time of my other clients.* Late arrival to an appointment **means less time for your massage**. You will receive the balance of your session **and** you will be charged the full price for the session. I 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 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, **unless you have arrived late**. 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 AND NO-SHOW POLICY

Notification of **cancellation** must be received a **minimum** of 24 hours in advance by phone, text message or email. Clients who cancel their appointment less than 24 hours will not incur a fee the first time; **subsequent short-notice cancellations will be charged at cost of the massage scheduled. No-show appointments will be invoiced at full cost of massage session.** Chronic problems with cancellations and no-shows may require a client to pay in advance for massage services. **Short-notice cancellations and no-show appointments can be discussed with massage therapist to waive short-notice/no-show fees.**

PAYMENT POLICY

I accept **cash, check, credit, and debit**. **All insufficient funds (Returned) checks are subject to a \$35 fee.**
Gratuuity is not required nor expected. If you wish to tip, it will not be declined and will be immensely appreciated.

GENERAL POLICY

I provide professional, therapeutic massage. If you have questions or concerns regarding any technique the massage therapist has explained to you, please ask for clarification. Should the therapist or client feel uncomfortable in a session, **either party may terminate the massage** immediately without consequence. I 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. Intake information is not shared without written consent of client. Client has given consent to receive massage and has informed massage therapist of all health conditions. Client has provided medical releases from physicians, as needed. Client will not hold massage therapist liable if client has withheld any known medical conditions.

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 agree with the policies of **PHD Massage LLC**.

Signature

Date



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