

Name _____ Male Female Date of Birth _____

SECTION 1

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

In Case of Emergency, who should be notified?

Name _____ Relation _____ Phone _____

Did someone refer you to our clinic? Yes No If yes, by whom? _____

Are you currently seeking care from any other healthcare professional? Yes No

Please explain: _____

SECTION 2 *(Medical Massage is often covered by insurance. Our insurance specialist can help verify any benefit you might have.)*

Insurance Company Name _____ Private Group

Membership/Cert # _____ Policy/Group # _____

SECTION 3

Occupation _____ How long? _____

When was your last massage session? _____ Desired pressure? light medium firm deep

What is your overall purpose for seeking Massage/Bodywork? *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> General Relaxation | <input type="checkbox"/> Injury Recovery |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Other _____ |

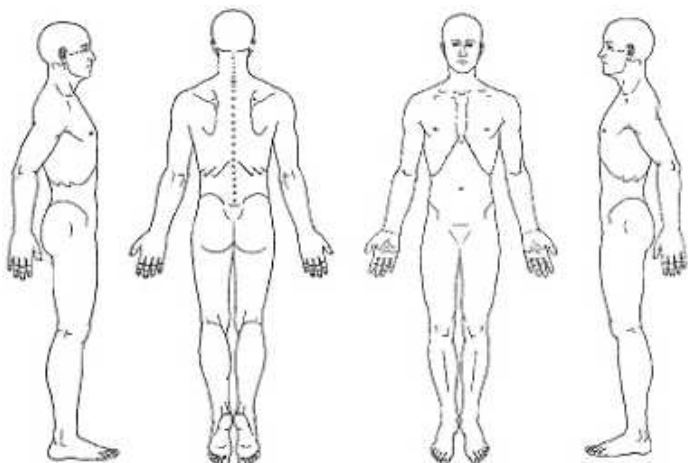
Please tell us about your general health conditions: *(check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Chronic Headaches | <input type="checkbox"/> Lung Conditions |
| <input type="checkbox"/> Pregnancy (weeks _____) | <input type="checkbox"/> Migraines | <input type="checkbox"/> Muscle Spasms |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis/Bursitis | <input type="checkbox"/> Joint pain/conditions |
| <input type="checkbox"/> Recent Surgeries | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Recent injuries | <input type="checkbox"/> Numbness/tingling | <input type="checkbox"/> Nerve Damage |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Medications (list below) |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Bladder/Kidney problems | <input type="checkbox"/> Other conditions (list below) |

List Explanations: _____

Please mark areas on image to the right of:

- Consistent Pain
- Nerve Damage
- Numbness/Tingling
- Recent Injuries
- Surgeries
- Areas to Avoid



Informed Consent Agreement

By signing, client acknowledges having read and agreeing to all terms of receiving bodywork. Any questions should be asked prior to receiving massage/bodywork. Client also releases Therapist and Maximized Health from responsibility for any conditions that may arise during or after receiving massage/bodywork.

General Benefits: Increases in circulation, toxin removal, range of motion, flexibility, energy, heart rate, body temperature, immunity, body awareness, and relaxation; decreases in discomfort, fatigue, tension, and stress levels.

General Contraindications: Medical emergencies (shock, hemorrhage, seizure, poisoning, etc.), high fever (102°F), highly-metastatic cancer, intoxication, pain medications or extreme fatigue (mental or physical). **Any client under physicians' care must notify therapist of condition and changes. Working without physician approval may be detrimental to the physical well-being of the client.

Rates: \$70/hour, \$45/half-hour, \$95/90-minute ~ Base Rates (discounts/packages available) Payment is due when service is received. Advance payment will be accepted. Cash, checks and credit cards accepted. *A fee of \$25 will be charged on any returned check.*

Confidentiality: All information/conversation exchanged during a treatment session or about a treatment session remains confidential for the safety and well-being of client and therapist.

General Etiquette:

- Late clients will have a shortened treatment at the same rate of a full session.
- No shows will be charged for a full treatment session.
- Cancellations one day (24 hours) prior will not be charged - Less notice is charged half.
- Intoxication can have many negative effects on the body when combining massage with alcohol. Client will be asked to leave and charged full price for a treatment session if found to be intoxicated.

Recommendations: Avoid large meals 90 minutes before a session. Food fresh in the system may have an adverse effect on the client. For Shiatsu treatments, plan on having time after session for low-key activity or sleep. Contact lenses may become "dry" during treatment session, bringing a case is suggested.

Right of Refusal: Therapist and client both reserve the right to end a treatment session at any time for any reason. Therapist will fill out a disclosure statement to inform client why treatment session is ending. Client does not need to give any reason for ending a treatment session.

Sexual innuendos, language and/or behavior will not be tolerated. Session will end immediately and client will be charged full price.

Name _____

Signature: _____

Date: _____