

# HEALTH INTAKE FORM

*This form must be completed and signed before receiving massage therapy.*

## Client Contact Info

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): home \_\_\_\_\_ cell \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

How did you hear about MyoTherapy Wellness? \_\_\_\_\_

Have you ever received professional massage therapy?      Y      N

If yes, how recent and what was it for? \_\_\_\_\_

## General and Medical Information

Reason for receiving massage therapy today \_\_\_\_\_

Did a medical practitioner refer you?      Y      N

Do any of the following relate to you? Mark with (X)

\_\_\_ Accident or suffered any injuries in the past 2 years? Broken bones, etc.

\_\_\_ Arthritis

\_\_\_ Allergies to lotions or oils

\_\_\_ Back pain

\_\_\_ Cancer

\_\_\_ Contagious disease

\_\_\_ Diabetes

\_\_\_ Epilepsy or seizures

\_\_\_ Unexplained Pain/ achiness

\_\_\_ Fibromyalgia

\_\_\_ Varicose veins

\_\_\_ High blood pressure

\_\_\_ Joint swelling

\_\_\_ Numbness or stabbing pains

\_\_\_ Pregnant or chance of pregnancy

\_\_\_ Surgery in the past 5 years

\_\_\_ Using Medicated Creams/ Hormone Creams

\_\_\_ Frequent headaches

Are you taking any medications? YES      NO      If yes, please describe what the medication is for.

\_\_\_\_\_

## THERAPIST'S NOTES

Covid-19 Health Screening

Temperature Upon Arrival:

Have you had a fever in the last 24 hours of 100°F or above?

Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?

Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms?

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## Client Consent to share information with other practitioners

Are you comfortable with other practitioners in the office, including but not limited to MyoTherapy's health and wellness coach, along with healthcare practitioners such as your primary care, physical therapist, chiropractor, etc., sharing pertinent information regarding your health. Please sign below to provide your consent.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

## Client Consent

I, \_\_\_\_\_ (client) understand that the massage therapy provided is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and /or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that massage therapists 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 should be construed as such. I have informed the massage therapist of all my known physical and mental conditions and medications and I will keep the therapist updated on any changes. I understand that there shall be no liability on the practitioner's part due to my forgetting to relay any pertinent information. The payment for the massage therapy will be paid in full prior to or immediately following my appointment.

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 and give consent to receive massage and bodywork from this practitioner.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or legal guardian if client is a minor \_\_\_\_\_

## CANCELLATION POLICY:

This cancellation policy is made with the fairness of all parties in mind; the client, therapist, and clients wanting an appointment. We kindly ask that if you need to cancel or reschedule a future appointment, please give us 24 hours notice.

Here's the reason why: Many massage therapist can only massage a limited number of hours each day. Once that number is reached we have to turn people down who may be in physical pain and needing massage.

So we hold our cancellation policy to be:

**Any cancelled appointments within 24 hours of scheduled appointment can be billed the full amount of the scheduled appointment.**

**Any missed appointments can be billed the full amount of the scheduled appointment.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_