

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 _____