

Name: _____ Date: _____ Home Phone: _____
 Address: _____ DOB _____ Work Phone: _____
 _____ Zip _____ Occupation: _____ Cell Phone: _____
 (optional) Email: _____

Brief Medical History *These questions are to help me better understand you and fit any program or treatment to your needs.*

Ratings: 1 = Poor 3 = Average 5 = Excellent circle one

- 1) How would you rate your overall health? 1 2 3 4 5
- 2) Do you exercise regularly? Never Rarely Sometimes Job is physical Regular gym rat
- 3) How would you rate your ability to relax? 1 2 3 4 5
- 4) How often are you stressed at work? Never Rarely Sometimes Frequently Always
- 5) Have you ever had a professional massage? YES NO
 If yes, for what: _____
- 6) How did you hear about us? Newspaper Friend Dr. Referral Other _____

7) Do you have any of the following medical conditions? Please mark all that are relevant.

(If you would like to speak with me privately, please feel free to do so.)

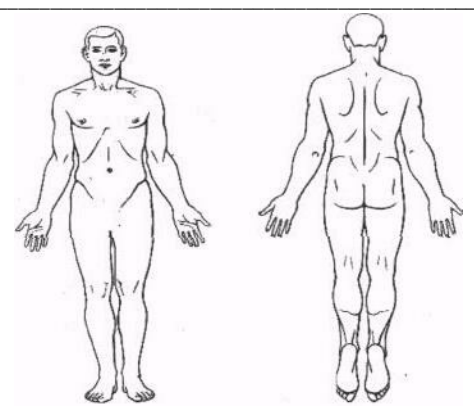
- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Are you Pregnant? |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Stomach Ulcers | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Skin Trouble | <input type="checkbox"/> Pins or Pacemaker | <input type="checkbox"/> Depression |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Bruising Tendency | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> HIV/Aids | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Heart-Disease | <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Heart Attack |

8) List any medications you take regularly **and** what they are taken for:

9) List any allergies, joint or mobility problems or related surgeries **and** their dates of occurrences:

10) Are there areas you want me to specifically concentrate on?

- Neck Shoulders Lower Back
 Legs Feet Other/Mark Diagram at right ->



11) What are your goals regarding the outcome of this massage?

- Pain relief
 General relaxation and feeling of well being
 Preventative for sports
 Rehabilitation from injury
 Other _____

Type of pressure preferred: Light to Medium
**Always feel free to let me know if pressure preferences change during the massage.* Medium to Somewhat Deep
 Somewhat Deep to Very Deep
 Don't know

List a person to contact in case of emergency:

Contact Name: _____ **Contact Phone:** _____

Your Signature: _____ Date _____



Thank-you for this opportunity to work with you and I hope you enjoy your massage!
 Please note that Marianne is NOT a doctor and any information that is given should be regarded as educational in nature only.

Therapeutic Massage Policies:

- 1) Intake Form - Before the first session, clients are required to fill out a form which asks questions about medical history and lifestyle.
- 2) Cancellation or No Show - *The client must notify the therapist of cancellation at least 24 hours before the massage, or there will be a \$50.00 charge for the missed appointment.* Missing an appointment without calling to cancel causes a hardship for the therapist and someone else who may have been denied that appointment time.
- 2b) Snow or Storm cancellation - If classes in Amherst have been cancelled there will be no charge for a missed appointment on a snow day. If school is in session, it is expected that you will make it to your appointment.
- 3) Lateness - If a client is late for the massage, the client receives the massage for the remainder of allotted time. It is a courtesy to be timely. Please plan to arrive 5 minutes before your scheduled time. (It is not possible to run over scheduled times when other clients are waiting.)
- 4) Ethics - Therapeutic Massage is **strictly** non-sexual. Genital areas are covered at all times. Sexual misconduct on the part of the massage therapist is grounds for dismissal from the AMTA and ABMP. If the client expresses interest in sexual massage, the massage session will be terminated and the police may be notified.
- 5) Draping - Clients are draped with a sheet for the entire massage. The sheet is adjusted to uncover only the areas of the body which are receiving therapeutic massage at the time.
- 6) Clothing - In most cases, all clothing is removed before the massage therapy session. Some clients prefer to leave underwear on and that is ultimately the decision of the client.
- 7) Alcohol - Refrain from consuming alcohol at least 6 hours prior to a massage.
- 8) Hygiene - Both therapist and client are required to follow proper hygiene etiquette. It is advised that the client shower before the massage.
- 9) Food - Any food should be consumed 2 hours prior to the massage to allow time for digestion.
- 10) Outcalls - It is the client's responsibility to provide an environment free of distractions, i.e., pets, phones and people. Walkways and stairways to the location must be cleared for easy, unimpeded access. (Additional travel fees apply.)
- 11) Confidentiality – All information gathered during the intake or the massage is kept strictly confidential.
- 12) Referrals - Referrals are always welcome. **Spectacular savings!** FREE massage for every, single referral you provide. You will receive an additional 30 minutes of massage absolutely FREE* Referrals are my business. **You must tell 3 friends today!** *New referral must actually show for up for the massage. Not applicable on gift certificates.
- 13) Feedback - It is my goal to provide you with the best possible and most professional of services. Any feedback during or after the session is always welcome.

Please sign here: _____ Date: _____

Signing here indicates that you have read and understand the above policies or changes.