



Office Policies

Cancellation

A 24-hour notice is required for cancellation of an appointment, or you will be charged in full. Payment is due before your next appointment. We do not bill insurance companies for missed appointments or late cancellations. You are responsible for paying the missed appointment/late cancellation fees.

Tardiness

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time for your appointment.

Sickness

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

Financial Responsibility

Your signature below confirms your financial responsibility for all services regardless of insurance reimbursement. Once your insurance is verified, we will bill and accept payment from your insurance company for covered services. In the event that the insurance company denies payment or makes only partial payment, you are responsible for the balance, deductibles, and co-pays.

Assignment of Benefits

Your signature below authorizes and directs payment of medical benefits to the message/bodywork practitioner for services provided by this office.

Release of Medical Records

Your signature below authorizes the release of all your medical records on file in this office, for the purpose of processing your claims, to the following: your attorney, the healthcare providers attending to this condition, and the insurance case managers. Medical records will not be edited unless otherwise stated in an exclusive release of medical records signed through your attorney.

Signature _____ Date _____



Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Date of Birth _____

Emergency Contact _____ Phone _____

Massage Information

Have you had a professional massage before? Yes No

If yes, how often do you receive massage therapy? _____

How did you hear about us? Brochure Website Driving By Referral Other _____

If you were referred, who referred you? _____

What types of massage/bodywork do you prefer? _____

What kind of pressure do you prefer? Light Medium Firm

Do you have any allergies/injuries? Yes No

If yes, please explain _____

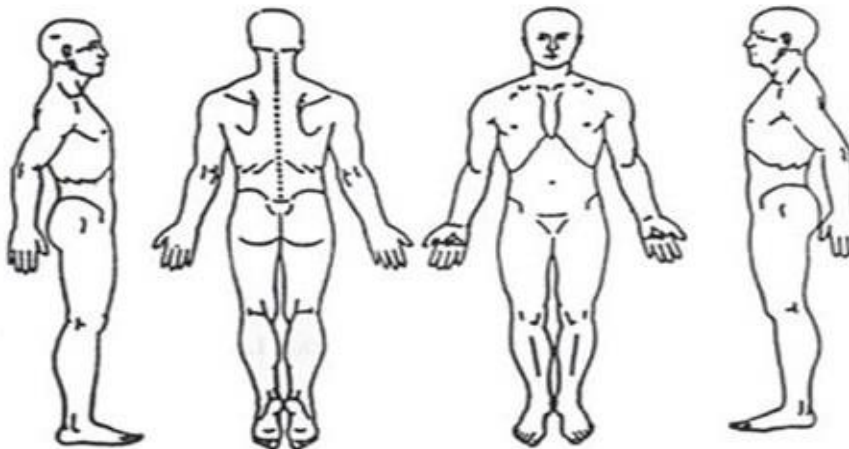
Are you wearing any of the following? Contact lenses Dentures Hearing aid Other _____

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do you have any particular goals in mind for this massage session? Yes No

If yes, please explain _____

Circle any specific areas you would like the massage therapist to concentrate on during the session:



Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

Are you currently under medical supervision? Yes No

If yes, please explain _____

Are you currently taking any medications? Yes No

If yes, please explain _____

Are you seeking insurance reimbursement? Yes No

Please check any condition listed below that applies to you:

- | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Contagious skin condition | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Open sores or wounds | <input type="checkbox"/> Deep vein thrombosis/blood clots |
| <input type="checkbox"/> Easy bruising | <input type="checkbox"/> Joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis |
| <input type="checkbox"/> Recent accident of injury | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Artificial joint | <input type="checkbox"/> Headaches/migraines |
| <input type="checkbox"/> Sprains/strains | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Current fever | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Swollen glands | <input type="checkbox"/> Decreased sensation |
| <input type="checkbox"/> Allergies/sensitivity | <input type="checkbox"/> Back/neck problems |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> High or low blood pressure | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Circulatory disorder | <input type="checkbox"/> Carpal tunnel syndrome |
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Tennis elbow |
| <input type="checkbox"/> Atherosclerosis | <input type="checkbox"/> Pregnancy (If yes, how many months? _____) |

Please explain any condition that you have marked above:

Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

Consent for Treatment

If I experience any pain or discomfort during this massage 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 and that I should see physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Signature of client _____ Date _____

Signature of Massage Therapist _____ Date _____