Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth month: \_\_\_\_\_\_\_\_\_\_\_\_Address: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If you would not like to receive emails regarding open appointments, please DO NOT list your email address

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician/Health-care Provider (\*optional)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)?

Yes ☐ No ☐

**Do you have a physician referral/prescription?** Yes ☐ No ☐

Have you ever received professional massage/bodywork before?

Yes ☐ No ☐

How recently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your goals/expected outcomes for receiving massage/bodywork? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you feel today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)?

Yes/No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the medications you currently take: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you wearing contacts? Yes ☐ No ☐

Are you wearing dentures? Yes ☐ No ☐

Are you wearing a hairpiece? Yes ☐ No ☐

Are you pregnant? Yes ☐ No ☐

(page 2/2) Have you had any injuries or surgeries in the past?

Circle any of the following health conditions that you currently have (If you are unsure, please ask):

Blood clots, infections, congestive heart failure, contagious diseases, pitted edema Please answer honestly, as massage may not be indicated for the above conditions. Please indicate conditions that you have or have had in the past.

Explain in detail, including treatment received:

Current/Past

Muscle or joint pain, Muscle or joint stiffness, Numbness or tingling, swelling, bruise easily, sensitive to touch/pressure, High/Low blood pressure, stroke, heart attack, varicose veins, shortness of breath, asthma, cancer, Neurological (MS, Parkinson’s), Epilepsy, Headaches, Migraines, Dizziness, ringing in ears, digestive conditions, kidney disease/infection, arthritis, Osteporosis, degenerative disc/spine, scoliosis, broken bones, allergies, Endocrine/Thyroid conditions, depression, anxiety, Memory loss, confusion, easily overwhelmed.

If circled above, please explain:

Are you here for a Relaxing, Therapeutic or Hot Rock Massage? Explanation on page 3

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners 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 given should be construed as such. Because massage/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner’s part should I fail to do so. I also 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.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

Parent or Guardian Signature (in case of a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

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About your massage:

 Relaxing: This full-body massage increases circulation and helps you achieve

 relaxation and an overall sense of well being.

 Therapeutic: A deeper massage. To decrease spasm and taught muscle,

 restore flexibility and range of motion, and relieve pain caused by

 toxicity, trigger points (those tender knots in a muscle,) and other

 muscle/connective tissue dysfunction.

 \*Hot Stone Light to medium pressure. This technique combines massage with

 the application of heated and cooled stones over the entire body,

 including the face, hands and feet. This modality is for relaxing

 purposes only providing dramatic stress relieving results.

\*If you have any of the following conditions, a hot stone massage is NOT suggested.

Neuropathy, Peripheral Vascular Disease, Uncontrolled Hypertension, Fever, Open Wounds or Skin Lesions, Acute Inflammation, Pregnancy, Anyone on medications that may have side effects due to temperature change, any area where nerves have been cut, Shingles, Lupus, Vasculitis or Psoriasis.

**Communication when receiving a massage is key.**

PRESSURE:

Everyone has a different level of pain/comfort. Please let me know at any time and as much as necessary, if you need MORE or LESS pressure. This massage is for you, please make sure you are having the best massage experience possible.

TEMPERATURE:

I have a heated table that can be turned on or off. If you are too warm or cool, please let me know. I can turn the fan on you, remove the blanket leaving only the sheet on, get you another blanket, or add some additional warmth.

WHAT IS APPROPRIATE TO WEAR DURING A MASSAGE?

I ask that you undress to **YOUR** comfort level. The client is always draped to maintain modesty, but may choose to wear their under pants. Ladies, I do suggest you take your bra off. If you are more comfortable with it on, we can move the straps and unhook you as needed. Whether you undress to your underwear (boxers, briefs, panties or birthday suit) you will ALWAYS be covered. I will oly undrape the area that is being worked on (i.e. arms, legs, back).

PAYMENT:

I accept Cash, Check, Mastercard, Visa & the Discover card. Please make all checks payable to Rebecca Carpenter. You can eliminate paying sales tax with a doctors prescription.

CANCELLATION POLICY:

If you need to cancel, please do so AT LEAST 4 hours prior to your appointment. If you fail to do so, you will be charged a **$40 fee**.