



The Elements Massage Therapy LLC

Name: _____ Date: _____

Address: _____ City/State/ZIP: _____

Phone: (cell) _____ (home) _____ Date of Birth: _____

Would you like Appointment Confirmations by E-mail Text Phone Call

Email Address: _____ Occupation: _____

Emergency Contact: _____ Phone #: _____

The following information will be used to help plan a safe and effective massage session.

Please answer all questions to the best of your knowledge. Thank you!

Have you ever had a Massage before? No Yes – If yes, do you know what kind? _____

Are you currently under a Doctor's care? No Yes – If yes, for what? _____

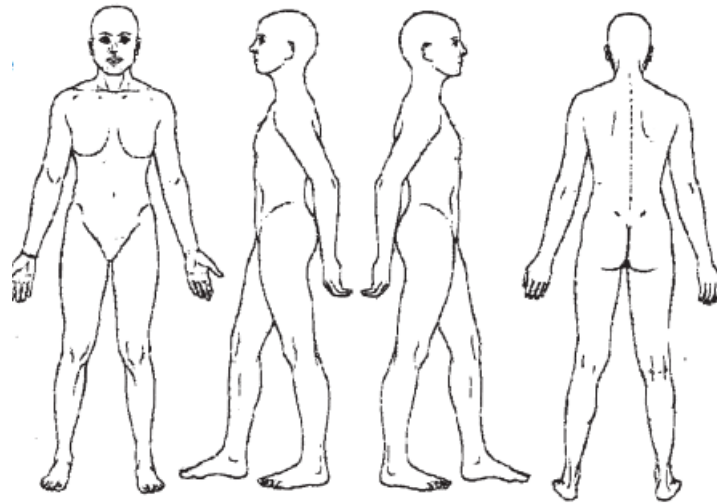
Are you currently taking any medications? No Yes – If yes, which ones? _____

Please check any of the following conditions that apply to your past or present health:

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergies (To what?)

_____ | <input type="checkbox"/> Contagious Disease | <input type="checkbox"/> Recent Stroke |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Skin Rash, Open Sores | <input type="checkbox"/> Numbness / Tingling |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pregnancy / Recent Birth | <input type="checkbox"/> Thrombosis / Blood Clot |
| <input type="checkbox"/> Current Infection | <input type="checkbox"/> HIV / AIDS / ARC | <input type="checkbox"/> Circulation Problems |
| <input type="checkbox"/> Sprains / Strains | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Severe Varicose Veins |
| <input type="checkbox"/> Jaw Pain / Teeth Grinding | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Recent Surgeries |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Kidney / Liver Disease |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sensitive Body Hair |
| <input type="checkbox"/> COPD | <input type="checkbox"/> High <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Osteoporosis /Osteopenia |
| | <input type="checkbox"/> Tendonitis | _____ |
| | <input type="checkbox"/> Torn Tendons / Ligaments | _____ |

Pain Chart: Place an (X) on areas of pain/discomfort and (Circle) any areas you would like the massage therapist to concentrate on during your session.



Have you had any recent injuries? ___ No ___ Yes - Where? _____

Any activities/sports/hobbies that you do regularly? _____

What is your primary reason for seeking massage therapy? ___ I want to relax. ___ I want deep tissue / feel the knots melt away. ___ I have a specific ailment and would like to focus on that part of the body.

Your overall Pressure preference? ___ Light ___ Medium ___ Deep

Anything else you feel important that I should know? _____

I will be using either an all-natural massage cream (made of olive oil, bees wax and coconut oil) or massage oil during your session. If you have any questions or concerns regarding their use, please ask and I will be happy to discuss alternatives.

Please initial the following to show you read and understand. Thank you!

___ I understand that massage can produce effects other than relaxation, such as muscle soreness and detoxification. I will consult with the therapist if this occurs and seek other medical care if necessary.

___ I understand the need to disclose all existing medical conditions for the safety of myself and the therapist. Failure to do so may result in session termination with the client still responsible for session fees.

___ I understand the therapist has the right to refuse services at any time for inappropriate client behavior and that the client will still be responsible for the session's fees.

___ I have read and agree to the Practice Policies regarding fees and client/therapist relationships.

Client's signature _____ Date _____

Policy Statement

Scope of Practice

I received my massage therapy training from the Ashland Institute of Massage in Ashland, Oregon, and was licensed in the state of Oregon in August of 2013. I have experience with a variety of techniques and styles, focusing on the relaxation and therapeutic aspects of massage.

Types of Services Offered

I am able to provide Swedish, Deep Tissue, Trigger Point Therapy, Myofascial Release and Pregnancy massage at this time. If you have any questions regarding these techniques, please feel free to ask!

Appointments

Appointments are available for 30 minute, 1 hour and 1.5 hour session times. I am available Monday – Thursday from 8am – 5pm. Please arrive on time for every appointment to allow us time to help you decompress and get comfortable on the table before we begin.

* **Late Clients** – The session ending time will remain the same regardless of your arrival time. Please do not cut your session short by arriving late! If you are not present by 15 minutes after the scheduled appointment time the session will be cancelled and a \$25 cancellation fee is applied.

Cancellation Policy

I require 24 hour notice for all cancellations (except emergency situations). If the notice is less than 24 hours and I am unable to fill your appointment slot, you will be charged \$25. If the appointment is cancelled by the practitioner with less than 24 hours notice you will be rescheduled at the next earliest availability and given a discount on the session.

Finances

30 Minute Session -- \$40 ***** 60 Minute Session -- \$65 ***** 90 Minute Session -- \$90

Payment is due at time of appointment; I accept cash, check and credit. Returned checks will be charged a fee of \$35.00. Tips are appreciated but not required.

Side Effects

The body can have many responses to therapeutic massage other than relaxation, such as muscle soreness and detoxification. Drinking plenty of water before / after a massage will help flush these toxins from the body. Avoiding food at least one hour before your massage will help with tummy gurgles or uncomfortable indigestion while lying on the table. For men there is a possibility that massage will cause an erection – a common response to nervous system activation.

Confidentiality

I offer my clients complete confidentiality and conform to HIPAA guidelines. All medical history and treatment sessions will be kept confidential, as well as all conversation made during the session. Conversation during a session is not essential and often it is to the client's best interest to focus on experiencing the work and being present in the moment. If, however, you feel the need to talk during your session I am happy to listen and will respond when spoken to.

Boundaries

It is important to maintain a safe, comfortable environment for both client and therapist during our time together. Mutual respect is essential and sexual discussion or interaction is never appropriate. Flirting, inappropriate touching / language, and sexual innuendos will not be tolerated and will result in an immediate termination of the session with the client responsible for the full session fee.

First Session

In order to acquaint myself with you before we begin our time together I will ask you to fill out a medical history form. This will cover any current and previous medical conditions which could affect the areas I work on and the techniques I use during your massages. I will then leave the room while you undress (to your comfort level) and get on the table and under the sheets. As we work on different parts of the body I will be moving the drape / sheets to allow access to that region while keeping the rest of your body covered. I will never expose breast tissue or the genital region. If at any point during our session you feel uncomfortable please let me know and we will make the appropriate changes. At the conclusion of our time together, please take your time getting up (you may feel light-headed!) and drink plenty of water.

Working with Minors

I am happy to work with clients under the age of 18 with consent from a parent or guardian. Depending on the circumstance I may request the parent/guardian's presence during our session together.

Right to Cancel Appointment

If at any point during our session I feel this particular type of work is not suited for your body at this time, I withhold the right to either use a different modality than requested or to end the session and refund your session's fees. Illness, including the flu and common cold, can be exacerbated with massage and I do not feel it is worth the risk to your health to continue. Please do not take this personally; I still look forward to working with you at another time!

For Optimum Session Time

- * Please turn cell phones off – even vibrate can be a distraction in a small space
- * Please arrive clean and free of any strong odors / fragrances
- * Please undress to your level of comfort
- * Please remove all jewelry (including rings)
- * Please feel free to voice any concerns or ask any questions before, during, and after the massage
- * Please let me know if you feel any discomfort at any time during the massage, or if the pressure needs to be adjusted to better suit your comfort level

This is your massage - help me make it perfect for you!

Client's signature _____ **Date** _____