Health Information

Practitioner/Clinic Name: *Julia Mann*
Contact Information: mobile: 214-912-6183 e-mail: JKMtherapy@massagetherapy.com

Client Contact Information

Client Name:_____ Date: _____

Date of Birth:_____ Gender: _____

Address: _____

Phone: _____ Email:_____

Referred by: _____

Emergency contact: _____ Phone:_____

Physician/Health-care Provider 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 ☐
If you are seeking insurance reimbursement, which type of insurance coverage will be used for this claim:
Car Collision Worker's Compensation Private Health

Massage Information

Have you ever received professional massage/bodywork before? Yes ☐ No ☐
How recently? _____
What types of massage/bodywork do you prefer? _____
What kind of pressure do you prefer? Light ☐ Medium ☐ Firm ☐
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 ☐

Health Information

Health History

Have you had any injuries or surgeries in the past that may influence today's treatment? Yes ☐ No ☐
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
Current	Past	Muscle or joint stiffness
Current	Past	Numbness or tingling
Current	Past	Swelling
Current	Past	Bruise easily
Current	Past	Sensitive to touch/pressure
Current	Past	High/Low blood pressure
Current	Past	Stroke, heart attack
Current	Past	Varicose veins
Current	Past	Shortness of breath, asthma
Current	Past	Cancer
Current	Past	Neurological (e.g. MS, Parkinson's, chronic pain)
Current	Past	Epilepsy, seizures
Current	Past	Headaches, Migraines
Current	Past	Dizziness, ringing in the ears
Current	Past	Digestive conditions (e.g. Crohn's, IBS)
Current	Past	Gas, bloating, constipation
Current	Past	Kidney disease, infection
Current	Past	Arthritis (rheumatoid, osteoarthritis)
Current	Past	Osteoporosis, degenerative spine/disk
Current	Past	Scoliosis
Current	Past	Broken bones
Current	Past	Allergies __
Current	Past	Diabetes
Current	Past	Endocrine/thyroid conditions
Current	Past	Depression, anxiety
Current	Past	Memory Loss, confusion, easily overwhelmed

Comments:

I am aware that failure to alert my massage therapist to any of these conditions could result in adverse effects. I hereby release the therapist from all liability arising from such injury or damage resulting from my failure to disclose any pre-existing condition, limitation, or specific sensitivities, or my failure to inform the therapist of any discomfort during the session. The therapist may determine it is unsafe for me to proceed with or continue a therapeutic session due to health-related concerns.

Consent for Treatment

I understand that utilizing the services of the therapist and participation in massage therapy and related treatments is strictly voluntary and I may discontinue services at any time. If I experience any pain or discomfort during this session I will immediately inform the practitioner so that the pressure and/or techniques 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 nothing said during the session given should be construed as such. I understand and voluntarily accept any/all risks of personal injury, damage or loss that I may sustain as a result of my receiving a massage and waive any and all claims of personal injury, damage or loss I might now or in the future have against the therapist/practitioner or their affiliates. I understand 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: _____

Pricing Terms and Conditions

Practitioner/Clinic Name: *Julia Mann*
Contact Information: mobile: 214-912-6183 e-mail: JKMtherapy@massagetherapy.com

All prices are subject to change.

Payment is required at time of service or may be prepaid. Payment is accepted in the form of cash, check or credit card. If you would like a receipt, one will be provided upon request.

Cancellation Policy
We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored:

24 hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice you will be charged the **full amount** of your appointment. This amount must be paid prior to your next scheduled appointment.

No-shows
Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their "missed" appointment.

Late Arrivals
If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the "full" session**. Out of respect and consideration to your therapist and other customers, **please** plan accordingly and be on time.

I have read and understand all pricing terms and conditions above.

Client Signature:_____ Date:_____

Parent or Guardian Signature (in case of a minor):_____ Date:_____