TOEPPERWEIN PHYSICAL THERAPY™ & Spine Rehab

Massage Client Intake and Consent Form

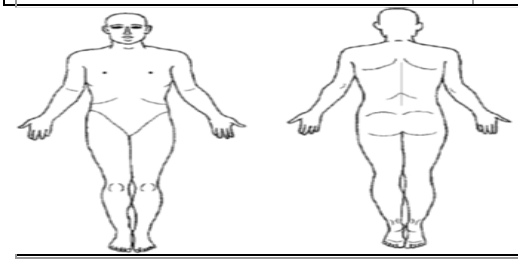
Name *(Last, First, M.I.):*		☐ M ☐ F	**DOB:**
Address *(Street)*			
(City, State, Zip)			
Home Phone:	**Cell Phone:**	**Work Phone:**	
Email:	**Occupation:**		
If you have conditions requiring consultation with your doctor, please include their name and number:			
Physician:	**Phone:**	**Permission to contact:** ☐ Yes ☐ No	
Have you ever received a professional massage? ☐ Yes ☐ No If yes, how recently? _____			
What are your massage goals?			
How much pressure do you normally prefer? ☐ Light ☐ Medium ☐ Firm ☐ Not sure			

Please indicate any areas you do *NOT* wish to have massaged:	☐ Neck		☐ Leg	☐ R ☐ L	☐ Face		
	☐ Back	☐ upper ☐ mid ☐ low	☐ Feet	☐ R ☐ L	☐ Abdomen		
	☐ Chest	☐ R ☐ L	☐ Arm	☐ R ☐ L	☐ Buttocks		
	☐ Thigh	☐ R ☐ L	☐ Head		☐ Pelvis	(not genitals)	

List activities medications you are currently taking and the conditions they address:	**List activities / exercise / hobbies you regularly participate in, including frequency:**
1.	**1.**
2.	**2.**

Check if You have, or have had, any of the following symptoms:

Do you have a flu or fever?	☐ Yes ☐ No	Do you have any allergies?	☐ Yes ☐ No
Do you have diabetes?	☐ Yes ☐ No	Do you suffer from seizures?	☐ Yes ☐ No
Do you have frequent headaches?	☐ Yes ☐ No	Any broken bones in the past 2 years?	☐ Yes ☐ No
Are you having trouble sleeping?	☐ Yes ☐ No	Any surgery / accident in the past 2 years?	☐ Yes ☐ No
Do you suffer from arthritis?	☐ Yes ☐ No	Any surgery / accident in the past 24 hours?	☐ Yes ☐ No
Do you have osteoporosis?	☐ Yes ☐ No	Have a cardiac or circulatory condition?	☐ Yes ☐ No
Do you have any skin conditions?	☐ Yes ☐ No	Ever been diagnosed with cancer?	☐ Yes ☐ No
Do you have varicose veins?	☐ Yes ☐ No	Do you suffer from back pain?	☐ Yes ☐ No
Do you have any contagious diseases?	☐ Yes ☐ No	Do you have numbness / stabbing pain?	☐ Yes ☐ No
Do you have high / low blood pressure or take blood pressure medications?	☐ Yes ☐ No	Are you sensitive to touch in any areas?	☐ Yes ☐ No



Please indicate areas of tension, pain or stress you are currently experiencing on the figures to the left.

Describe Discomfort	☐ Mild ☐ Moderate ☐ Disabling ☐ Constant ☐ Occasional ☐ Rare ☐ Chronic / Recurring ☐ Recent / New ☐ Worsening ☐ No Change ☐ Improving
What type of treatment have you been receiving?	

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POLICIES	Please take a moment to carefully read the following and sign where indicated

EXPECTATIONS	A massage therapy session is an experience jointly created by the therapist and client. Working together, massage encourages stress relief and body awareness. Your therapist will listen and respond to your words and to the tissues in your body to create a safe, healthy and supportive experience. All sessions are client centered – your comfort and well-being is the highest priority. If you experience any pain or discomfort during the session, you will immediately inform the therapist so that the pressure and/or strokes may be adjusted to your level of comfort. You agree to keep the therapist updated as to any changes in your medical profile and understand that there shall be no liability on the practitioner's part should you fail to do so.

APPOINTMENTS AND CANCELLATIONS	Please be on time for your appointment. Cancellation is expected 24 hours in advance. If you provide less than 24 hours notice, and we are unable to fill your appointment time you may be responsible for a $25 fee. If you are late you will receive only the amount remaining of your scheduled appointment.

ALCOHOL, DRUGS, AND OTHER ISSUES	A client's use of alcohol and other drugs diminishes the ability of the therapist to achieve desired results and may be cause to terminate the session. Any behavior that might be interpreted as sexual in nature is cause to terminate the session. Cancellation policy still applies.

REFERRALS	If you have a specific medical condition or specific symptoms, massage may be contraindicated. If you are experiencing a condition that contraindicates massage, you may be referred to another appropriate healthcare provider. Massage should not be construed as a substitute for a medical examination, diagnosis, or treatment. You should see a physician or other qualified medical specialist for any mental or physical ailment you are aware of. The therapist will not diagnose, prescribe drugs, or give advice to clients regarding their medical conditions. Referral from your primary care provider may be required prior to service being provided.

PRIVACY	All client information is held strictly confidential except where required by law.

Client Signature _____ Date _____

Emergency Contact _____ Phone: _____

"Gratuities Appreciated"