

personal information

name _____ date of birth _____

address _____

city _____ state _____ zip _____

home phone _____ cell phone _____

work phone _____ ext. _____

email _____

occupation _____

referred by _____

emergency contact name (relationship) _____ emergency contact phone _____

physician's name _____ physician's phone _____

massage experience

Have you had a professional massage before? Yes No

If yes, what types of massage have you had (swedish, shiatsu, deep tissue, etc.)?

How long have you been receiving massage therapy? _____

Frequency of massages? _____

What are your goals for treatment? _____

What are the most important areas you prefer to be massaged?

Check areas of your body that you give permission to receive massage:
 head neck face pectorals arms/hands
 back abdomen (breasts covered) legs/feet
 hips/gluteals

health history

Musculoskeletal

- Bone or joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Migraines/Headaches
- Osteoporosis

Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Lymphedema
- Thrombosis/Embolism

Respiratory

- Breathing Difficulty/Asthma
- Emphysema
- Allergies, specify: _____
- Sinus Problems

Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease

Reproductive

- Pregnant, stage _____
- Ovarian/Menstrual Problems
- Prostate

current health

Reason for initial visit _____

XXXXXXXXXX

Do you exercise regularly and/or participate in any sports? Y N
If yes, what kind of exercise/sports? _____

Do you perform any repetitive movement in your work, sports or hobby? Y N
If yes, describe _____

Do you sit for long hours at a workstation, computer or driving? Y N
If yes, describe _____

Do you experience stress in your work, family, or other aspect of your life? Y N
If yes, describe _____

Are you experiencing tension, stiffness, discomfort or pain? Y N
If yes, describe _____

Have you recently had an injury, surgery, or areas of inflammation? Y N
If yes, describe _____

Do you have sensitive skin? Y N

Do you have any allergies to oils, lotions or ointments? Y N
If yes, please explain _____

List any medications you are currently taking _____

List any known allergies _____

Skin

- Allergies, specify: _____
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores

Digestive

- Irritable Bowel Syndrome
- Bladder/Kidney Ailment
- Colitis
- Crohn's Disease
- Ulcers

Psychological

- Anxiety/Stress Syndrome
- Depression

Other

- Cancer/Tumors
- Diabetes
- Drug/Alcohol/Tobacco Use
- Contact Lenses
- Dentures
- Hearing Aids

Any other medical condition(s) not listed: _____

Please explain any of the conditions that you have marked above : _____

client agreement

11.2.2018

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage therapy and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I expect my practitioner to provide safe and effective treatment to the best of her skills and knowledge. I agree to communicate with my practitioner any time I feel like my well-being is being compromised. I have stated all medical conditions of which I am aware, and will update my massage practitioner of any changes in my health status.

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

Would you like to receive occasional special offers and items of interest from me by email?

yes _____ no _____

Client signature _____

Date _____

Current fee structure and payment:

60 minute therapeutic massage - \$70

90 minute therapeutic massage - \$100

30 minute sessions may be scheduled for specific therapeutic needs after discussion with me - \$40

Payment is due at time of service - cash, check, VISA, MC

Late arrivals: Please be on time for your appointment.

Cancellation policy: If you must cancel an appointment with me, you may do so without obligation at least 24 hours ahead of your scheduled appointment time. In the event you must cancel within the 24-hour window, please call me, and be aware you may be asked to pay the fee for the cancelled service at your next scheduled session.

No-shows: Appointment reminders will be sent. If you fail to arrive for your appointment without cancelling in advance, you will be asked to pay the fee for that service at your next scheduled session.

Parking: Parking is free in the lot behind 183 Park Row, or on the street. Please do not use parking areas of neighboring buildings.

Accessibility: Please note this practice is on the second floor of a building with no elevator; you must be able to safely ascend and descend a flight of stairs without assistance. If you are unable to do so, I am happy to refer you to a local massage therapist with a ground floor practice. Outcalls are available on a limited basis to clients unable to travel, and fees may apply. Please call for details.

Quiet enjoyment: Please respect other tenants' right to privacy and quiet by refraining from conversation and noise in public areas of the building.

Cell phones and mobile devices: Please silence or turn off your devices during the session.

Pets and children: Animals, other than those approved for service, are prohibited from the building. Please do not bring children to your appointment unless they are here to receive massage (see below); reschedule if necessary.

Massage therapy for children: I believe safe, caring human touch is important for people of all ages, and critical for our society as we struggle with boundaries and barriers. Therapeutic massage delivered by qualified, licensed practitioners is an important way to promote healthy, safe contact. I welcome children to my massage practice in the company of their parent or guardian, who will be required to sign permission in advance.

Medical history: You will be required to complete a brief medical history form prior to your first appointment, and asked for updates at each subsequent appointment. Treatment notes are kept for each session, and are confidentiality maintained following HIPAA guidelines. There are, unfortunately, some contraindications to massage therapy. In the event you have any contraindication(s), I will discuss alternatives and refer you to another healthcare provider, if necessary. Should you have any questions or concerns prior to booking an appointment, please call me to discuss.

Insurance claims: I do not file insurance claims for clients, but am happy to provide receipts in order that you may do so.

Safety, security, and professional boundaries: Therapeutic massage provided by Liz Stamey, RN, LMT is strictly therapeutic and non-sexual in nature, and any suggestion otherwise, whether direct or implied, will result in the session ending immediately. The treatment room door will remain locked during sessions to ensure privacy. All information shared with me by clients, verbal or written, will be kept confidential based upon HIPAA guidelines, except where required by law. Communication with other healthcare providers must be specified and approved in advance, in writing, by the client. The only exception shall be in an emergency during which the client is unable to communicate and I must provide information to emergency responders.

Customer service philosophy: I work with you to develop a therapeutic massage treatment plan based on your needs and goals, and my training and scope of practice. As a nurse and massage therapist, my goal is to help you help yourself to wellness through open communication, health promotion and education, and therapeutic massage. Questions are welcome; I provide information where appropriate and refer to other resources and providers as necessary.

Codes of ethics and standards of practice: I adhere to the codes of ethics of the American Massage Therapy Association and the American Nurses Association, and the follow the standards of practice governing therapeutic massage and registered nursing as proscribed by the State of Maine.

I acknowledge that I understand and agree to the policies listed above, and may receive a paper copy of these policies upon request.

Printed Name _____

Date _____

Client signature _____