

Client Intake, Policies & Procedures Form

Amyable Massage, LLC

Amy L. Bogart, LMT, RM, CCT, BCTM

Name: _____ Occupation: _____

Address: _____ City/State/Zip: _____

Phone No.: _____ Birthdate: _____

E-mail: _____

Emergency Contact (Name/Phone): _____

Are you 18 yrs of age or older: Yes / No *If no, parental consent section on back must be completed prior to services.

Reason for visit: _____

Please help me ensure a safe and comfortable massage experience by providing the following information:

Check any that apply to your health history:

- | | | |
|---|--|---|
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Strokes | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Infections | <input type="checkbox"/> Autoimmune diseases | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Thyroid issues | <input type="checkbox"/> Heart issues | <input type="checkbox"/> Osteoarthritis |

Any other illnesses: _____

Please list all medications: _____

List and explain any *recent* medical procedures: _____

Allergies (animal, scent, food, seasonal): _____

Current skin conditions (bruises, rashes, acne, warts): _____

Have you ever received a professional massage before? Yes No

Is there anything else you would like therapist to know? _____

(TURN OVER & complete the other side)

Policies & Procedures Statements:

I understand massage is provided for the basic purpose of relaxation and relief of muscular tension or spasm or to increase circulation and should NOT be construed as a substitute for medical examination or diagnosis. Massage therapists are not qualified to make spinal or skeletal adjustments, however, manipulation of muscles and soft tissue may indirectly affect the skeleton and spine. If I experience any pain or discomfort during treatment, I will immediately inform the therapist so that pressure and/or strokes may be adjusted to my level of comfort.

I understand because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner.

CANCELLATIONS:

Massage therapy is not appropriate care for infectious or contagious illnesses. Please cancel your appointment if you are not feeling well or as soon as you are aware of an infectious or contagious condition. Clients will not be charged for missed appointments cancelled (even last minute) due to illness.

Should I cancel an appointment for any other reason than an illness less than 48 hours before the scheduled time or “no show” an appointment, I am subject to a fee equal to the cost of the missed appointment. If the appointment was booked under a gift certificate it will be voided in lieu of the fee.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all question honestly and completely. I agree to keep therapist updated to any changes in my medical profile and understand that there shall be no liability on the therapists part should I fail to do so.

I understand that if I request/agree to the use of cupping therapy I am aware there is the possibility that discolorations can occur from release of stagnation and toxins from my body and these discolorations will dissipate from a few hours to as long as 2 weeks in some cases.

I understand any illicit or sexual behavior, advances, comments or remarks made by me will result in immediate termination of the session.

Payment is expected at the time service is rendered. Gratuities are left to the discretion of the client. Acceptable payment methods are cash, check, and all major credit cards.

By signing below I acknowledge that I am aware of all risks involved, have read and agree to all the terms of the Client Policies & Procedures Statements listed, I release and hold harmless the practitioner from any claims related therto, and also affirm that I have stated all known medical conditions and answered all questions honestly throughout this form.

(Print Client Name) (Sign Client Name) (Date)

Informed Parental Consent for a Minor:

By my signature below, I authorize massage treatments or bodywork to be administered to the minor listed on the first page.

(Print Parent/Guardian Name) (Sign Parent/Guardian Name) (Date)