

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 any medical procedures in last 6 months: _____

Allergies and/or skin conditions: _____

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:

1. Massage is provided for the basic purpose of relaxation and relief of muscular tension.
2. Massage NOT be construed as a substitute for medical examination or diagnosis.
3. 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.
4. Should 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. It is my responsibility to inform the massage therapist at each appointment of any injuries, illness, disease, or other concerns that may be aggravated by receiving massage or for which massage is not recommended.
5. Should I request/agree to the use of cupping therapy, I am aware of the possibility discolorations can occur from release of stagnation and toxins and these discolorations typically dissipate from a few hours to as long as 2 weeks in some cases.
6. I understand massage involves maintained touch and close physical proximity over and extended period, there may be a risk of disease transmission.
7. 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.
8. 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 due to illness.
9. *Cancellation policy:* A 48-hour advance notice is required when cancelling an appointment. If you are unable to give a 48-hour notice, or do not show up at the scheduled time of your appointment, you will be responsible for the full monetary amount of the missed appointment. This fee must be paid before any future appointments will be accepted. If booked under a gift certificate, it will be voided in lieu of the fee. If you are a package holder, the time will be deducted from your package. In the event therapist fills your space you will not be charged.
10. *Package purchase policy:* Package purchases may be shared with immediate family members and redeemed for a minimum of 30 min. appointments or a maximum of 90 min. appointments. Packages are non-refundable excluding the event Amyable Massage, LLC closes for any reason.

By signing below, I acknowledge all risks involved, have read and agree to all above terms of Client Policies & Procedures Statements. Also, I release and hold harmless the practitioner from any claims related thereto and 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)