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:

○ Blood clots	○ High/Low blood pressure	○ Osteoporosis
○ Cancer	○ Strokes	○ Fibromyalgia
○ Infections	○ Autoimmune diseases	○ Migraines
○ Thyroid issues	○ Heart issues	○ 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. I understand that massage is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation.
2. If I experience pain or discomfort during any session, I will immediately inform my therapist so adjustments can be made for my comfort. I will not hold my therapist responsible for any pain or discomfort I experience after the session.
3. I understand massage is not a substitute for medical care. I understand my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
4. I affirm that I have notified my therapist of all known medical conditions and injures and agree to inform the therapist of any changes at any time. I understand there shall be no liability on the therapist's part should I forget to do so.
5. Should I request/agree to the use of cupping therapy, I am aware of the possibility discolorations of the skin can occur and typically dissipate within a few hours to as long as 2 weeks in some cases.
6. I understand that massage is entirely therapeutic and non-sexual in nature.
7. *Payment policy:* 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. *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.
8. *Package policy*: Package purchases may be shared with immediate family members and are non-refundable.

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

_____	_____	_____