

# MASSAGE THERAPY INTAKE & POLICY FORM



Thai Wellness Center

8290 Old Courthouse Rd, Suite D, Vienna, VA 22182

Name (please print): \_\_\_\_\_ DOB (Month/Day): \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referred by: \_\_\_\_\_ Have you ever had a professional massage before? \_\_\_\_\_

If so, how often? \_\_\_\_\_ Do you exercise? \_\_\_\_\_ Frequency: \_\_\_\_\_

Please describe type(s) of exercise: \_\_\_\_\_

Other daily activities: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Chiropractor: \_\_\_\_\_

How often do you relieve stress or pain with massage, stretching and/or yoga? \_\_\_\_\_

What are the reasons for your visit today?

What are your other health concerns?

Describe any surgeries you have had:

Describe any physically damaging accidents you have had:

List all conditions currently monitored by a Health Care Provider:

List all medications that you've taken today and/or take regularly:

**PLEASE NOTE ALL CURRENT AND PREVIOUS CONDITIONS BELOW AND DESCRIBE ANY CONDITIONS INDICATED**

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| Headache                                  | Y | N | Stiff/painful joints                   | Y | N |
| Sleep problems                            | Y | N | Neck, shoulder or arm pain or numbness | Y | N |
| Fatigue                                   | Y | N | Low back, hip or leg pain or numbness  | Y | N |
| Flu or cold symptoms in the last 48 hours | Y | N | Sciatica                               | Y | N |
| Sinus                                     | Y | N | Depression                             | Y | N |
| Allergies to scents or lotions            | Y | N | Blood clots                            | Y | N |
| Allergies, in general                     | Y | N | Stroke                                 | Y | N |
| Arthritis                                 | Y | N | Heart disease                          | Y | N |
| Osteoporosis                              | Y | N | High/low blood pressure                | Y | N |
| Scoliosis                                 | Y | N | Poor circulation                       | Y | N |
| Broken bones                              | Y | N | Asthma                                 | Y | N |
| Disc problems                             | Y | N | Thyroid dysfunction                    | Y | N |
| Spasms/cramps                             | Y | N | Diabetes                               | Y | N |
| TMJ (jaw pain)                            | Y | N | Currently pregnant (how many months?)  | Y | N |
| Tendonitis/Bursitis                       | Y | N | Malignant cancer or tumors             | Y | N |
| Spinal problems                           | Y | N | Benign cancer or tumors                | Y | N |
| Varicose veins                            | Y | N |  |   |   |

I understand that the massage/bodywork I receive is provided for the purpose of relaxation & relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that the massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose prescribe, or treat any physical or mental illness and that nothing said in the course of the session given should be construed as such. Lastly I have read, understand and accept the appointment policies printed on the opposite side of this form.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appointment Policies

We understand that unanticipated events happen occasionally in everyone's life. Business meetings, project deadlines, flight delays, car problems, snowstorms, and illness, are just a few reasons why one might consider canceling an appointment. In our desire to be effective and fair to all of our clients, and, out of consideration for our Therapists' time, we have adopted the following policies:

➤ **24 HOUR ADVANCE NOTICE** is required when canceling an appointment. This allows the opportunity for someone else to schedule an appointment.

➤ **NO SHOWS**

Anyone who either forgets or consciously chooses to forgo their appointment, for whatever reason, will be considered a "no-show". They will be charged 50% for their missed appointment and future service will be denied until payment is made.

➤ **ARRIVING LATE**

Appointment times have been arranged specifically for you. If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your Therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the "full" session.**

*Out of respect and consideration to your Therapist and other customers, please plan accordingly and be on time.*

**WE LOOK FORWARD TO SERVING YOU!**