

NEW CLIENT INTAKE FORM

Client Information

Client Name: _____ Date: _____

Preferred phone number: _____ Best time to call: _____

Email address: _____ Preferred form of communication: _____

Address: _____ Date of birth: _____

Emergency contact: _____ Phone: _____

Massage Information

Massage history:

Have you had a massage/bodywork before? Yes No

Frequency: _____

What kind of pressure do you prefer? Light Medium Firm

Preferred types of massage: _____

What are your goals/expected outcomes for receiving massage/bodywork?

How do you feel today?

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)?
Yes No Explain:

List the possible complications or medications you are taking (i.e. cancer treatment, blood clots, recent surgeries, acute injuries, etc.):

Hydration: Please drink plenty of water before and after receiving bodywork. Metabolic biproducts, toxins, and neurochemicals that are worked out of soft tissue during a massage need to exit the bloodstream. Please hydrate aggressively after your massage to avoid nausea, headaches, fatigue, aches, mood disruptions, and general discomfort from incomplete detoxification. Be gentle with yourself after bodywork. Please treat yourself and others with grace as you integrate your massage and any other healing work you do.

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Do you have past trauma that could be triggered during a massage session? Yes No If so, are there areas you would like me to work particularly gently, slowly, or avoid? In the context of therapeutic bodywork, what will be most helpful for you in your healing journey at this time? Please feel free to speak up and communicate your needs at any point throughout the massage. I am happy to collaborate with you.

Communication Checklist

Fees/forms of payment: 60-minute massages are \$85, 90-minute massages are \$115. Two and 3-hour massages are available for current clients who are physically and emotionally ready for a deeper dive. These are \$170 and \$255 respectively. House calls are available to current clients who have mobility challenges. House calls are an additional \$20 for Lopez Island residents. These are all due at time of service. Check, cash, Venmo, and PayPal are all accepted.

Cancellation/No-show policy: If you need to cancel or reschedule your session, please give at least 24 hours' notice. You will be charged $\frac{1}{2}$ price the first time and full price the second time for cancellations made less than 24 hours in advance.

Late arrival policy: To respect the time of other clients and the practitioner, late clients will be given their scheduled session, but the treatment will not run over their scheduled time.

Clothing/shiatsu: For clients who would like to remain fully clothed, shiatsu and compression massages are available.

Modesty/Nonsexual/draping: All treatments will include appropriate draping that covers the genitals and breasts and the practitioner will not invade draped areas. This practice only provides therapeutic treatments.

Food/drugs/alcohol: Please refrain from eating a large meal directly before receiving bodywork. Also do not come to the clinic intoxicated. Massage increases blood circulation and can worsen detox symptoms by increasing the amount of blood flow traveling through filtration organs.

Confidentiality: This practice is HIPPA compliant.

Insurance: I will provide receipts and/or copies of records if you would like to submit them for insurance reimbursement. I do not work directly with any insurance providers.

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COVID-19 Related Questions

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes No
3. Do you now, or have you recently had, any chills, muscle aches, new loss of taste or smell, or new rashes or lesions? Yes No
4. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes No

New protocols HEAL has implemented because of COVID-19, include the following: All practitioners and clients will wear masks in the building. Both practitioners and clients will wash or sanitize their hands before and after treatments. Please arrive and depart no more than 10 minutes before and after your session so that we can minimize the potential for clients to have contact with each other inside the office. If you would like to make a contactless payment, I accept both Venmo and PayPal. I am fully vaccinated and boosted.

Health History Information

Have you had any injuries or surgeries in the past that may influence today's treatment?

Circle any of the following health conditions that you currently have (If you are unsure, please ask): blood clots, infections, congestive heart failure, contagious diseases, pitted edema are contraindicated for massage. Please answer honestly, as massage may not be indicated for the above conditions. Please indicate conditions that you have or have had in the past.

Muscle or joint pain	Current	Past
Muscle or joint stiffness.	Current	Past
Numbness or tingling	Current	Past
Swelling	Current	Past
Bruise easily	Current	Past
Sensitive to touch/pressure	Current	Past
High/Low blood pressure	Current	Past
Stroke, heart attack	Current	Past
Skin disorders, rashes (psoriasis, fungus, etc)	Current	Past
Varicose veins	Current	Past
Shortness of breath, asthma	Current	Past
Cancer	Current	Past
Neurological (MS, Parkinson's, seizures)	Current	Past
Headaches, Migraines	Current	Past

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Dizziness, ringing in the ears	Current Past
Digestive conditions (e.g. Crohn's, IBS)	Current Past
Gas, bloating, constipation	Current Past
Kidney disease, infection	Current Past
Arthritis (rheumatoid, osteoarthritis)	Current Past
Osteoporosis, degenerative spine/disk	Current Past
Scoliosis	Current Past
Broken bones	Current Past
Allergies	Current Past
Diabetes	Current Past
Endocrine/thyroid conditions	Current Past
Depression, anxiety	Current Past
Memory Loss, confusion, overwhelm	Current Past
Autoimmune disorders	Current Past

Are you wearing contacts? Yes No

Are you wearing dentures? Yes No

Are you pregnant? Yes No

Do you have special needs I should prepare for?

Do you have any questions or concerns?

Consent for Treatment

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/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 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. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____

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