

Massage Intake Form

Patient Information

First Name: _____ Last Name: _____

Date of Birth: _____ Male/Female: _____ Phone #: _____

Address: _____ City: _____ Zip Code: _____

Email: _____

Referred by: _____

Emergency contact: _____ Phone: _____

Physician/Health-care Provider name: _____ Phone: () -

How did you hear about us? Google Yelp Yahoo Other: _____

Medical Information

Are you taking any medications? Yes No. If yes, please list name and use:

Are you currently pregnant? Yes No If yes, how far along? _____

Any high risk _____

Do you suffer from chronic pain? Yes No. If yes, please explain: _____

What makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries? Yes No. If yes, please list:

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

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

Current/ Past Muscle or joint pain: _____

Current/ Past Muscle or joint stiffness: _____

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 Varicose veins: _____
Current/ Past Shortness of breath, asthma: _____
Current/ Past Cancer: _____
Current/ Past Neurological (e.g. MS, Parkinson's, chronic pain): _____
Current/ Past Epilepsy, seizures: _____
Current/ Past Headaches, Migraines: _____
Current/ Past 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, easily overwhelmed: _____
Other Comments: _____

Have you had a professional massage before? Yes No

What type of massage are you seeking?

- Swedish Relaxation Thai Herbal Ball Hot Compress Deep Tissue Sports Therapy
 Reflexology Pregnancy Oncology Hot Stone Lymphatic Drainage
 Orthopedic Rehabilitation Other. Please explain: _____

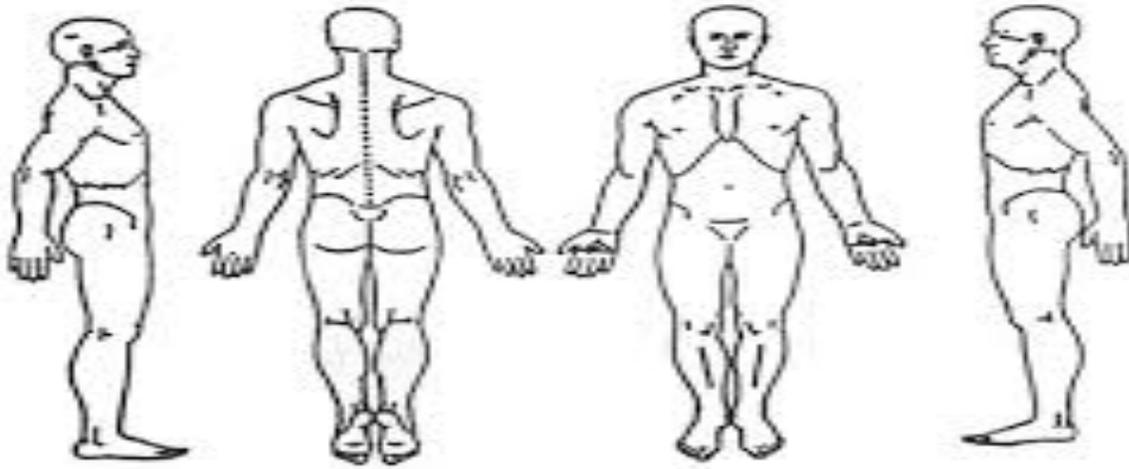
What pressure do you prefer? Light Medium Deep

Do you have any allergies or skin sensitivities? Yes No If yes, please explain:

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? Yes No If yes, please explain:

What are your goals for this treatment session? _____

Please circle any areas of discomfort



Explain any conditions you have marked above:

Consent for Massage Therapy

If I experience any pain or discomfort during my session, I will immediately inform the therapist 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 or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork therapists 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 massage. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all. I confirm that I have received all necessary information and my massage therapist has satisfactorily answered all my questions. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. By signing below, I acknowledge that I have read the foregoing informed consent and agree to this massage treatment and all subsequent massages therapies with their associated risk. I hereby give consent to perform this and all subsequent massage therapies. I fully understand that the massage therapist is an independent contractor, not an employee of Laviva M.D. Medical Corporation (DBA:viva M.D.) Therefore, I and any my heirs, executors, representatives, or assigns hereby release vivaMD, Medical doctor, other medical professionals and employees of this corporation (Regular/ on training) from all claims and liabilities for personal injury or property loss and/or damages of any kind sustained while on the premises (prior, during or after massage session) and from any advice provided to me by independent contractor (massage therapist), vivaMD doctor and employees and its medical medical professionals.

Policy Notification

We appreciate that you've chosen us for your massage and bodywork needs. To provide the best service possible to our clients we have implemented the following policies.

Cancellation Policy

We respectfully ask that you provide us with a 24 hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24 hour notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and also means our other clients miss the chance to receive services they need. For this reason, you will be charged 50% of the service fee for the first missed session and 100% of the service fee for each session after that. We also reserve the right to require a credit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur.

We understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. We will do our best to give advanced notice if we are closing or need to cancel due to an emergency situation and we ask you to do the same.

Late Arrival Policy

We request that you arrive 10-15 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below you agree to abide by these policies.

Client Name: _____

Date: _____

Client Signature: _____

THAI BALL HERBAL COMPRESS MASSAGE INFORMED CONSENT/RELEASE OF LIABILITY

Thai Ball Massage Contraindications:

Thai Ball Massage is not suitable for everyone. There are risks associated with performing Thai Ball Herbal massage. You must inform your massage therapist if you have any of the following conditions which may make Thai Ball massage contraindicated or may require your massage therapist to alter the massage.

1. High Blood Pressure
2. Pregnancy
3. Any acute illness, fever or contagious disease
4. Diabetes
5. Skin rashes or infections of any kind
6. Open cuts or wounds
7. Varicose Veins: Massage can be done lightly around the area; direct pressure is not applied. In extreme cases, whole leg compartment cannot be worked on, but rest of body can receive massage with lighter pressure applied.
8. Nerve damage: Such as loss of feeling due to surgery or other trauma (Herbal Balls will not be applied directly to the affected area/s.
9. Autoimmune problem such as Rheumatoid Arthritis
10. Prescription medications that heat or temperature sensitive
11. Healing sunburn, peeling skin

Client Release:

I, _____, have read and understand the aforementioned conditions which make Thai Hot Herbal Ball Massage contraindicated. The massage therapist discussed this information with me and provided opportunity for any question. I have disclosed any and all health risk factors.

I understand the information contained on this form and confirm that I do not have any of the above conditions.

My condition(s) of _____ is/are listed above and therefore, make(s) Thai Hot Ball Herbal Compress massage contraindicated. Given this knowledge I hereby give my full consent to receive Thai Ball Hot Herbal Compress massage and take full responsibility of any side effects or harm that may arise from receiving this massage. Therefore, release the massage therapist from any and all liabilities for any harm that may unintentionally occur during my treatment.

I further understand that I will be receiving Thai ball herbal compress massage as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care.

I also understand that the massage therapist is an independent contractor and not an employee of LaViva M.D. Medical Corp. (DBA: vivaMD). Therefore, I release vivaMD's medical director, medical professionals and employees (Regular and on-training) from any and all liabilities associated with the massage.

Client Signature : _____ Date: _____

HOT STONE MASSAGE CONSENT AND RELEASE OF LIABILITY

Hot Stone Massage Contraindications: Hot stone massage is not suitable for everyone. There are risks associated with performing hot stone massage on individuals with the following conditions.

You must inform your massage therapist/practitioner if you have any of the following conditions which may make hot stone massage contraindicated or may require your therapist/practitioner to alter the massage.

1. Blood clot(s) 2. Neuropathy 3. Autoimmune condition (MS, Lupus, RA, etc.) 4. Peripheral vascular disease
5. Heat sensitivity 6. Compromised immune system 7. Edema or Lymphedema 8. Cardiovascular disease
9. Pregnancy 10. Diabetes 11. Inflammatory skin conditions 12. Open wounds or sores 13. Hypotension or Hypertension
14. Cancer (with or without treatment) 15. Varicose veins 16. Under the influence of drugs or alcohol

I, _____, have read and understand the aforementioned conditions which make hot stone massage contraindicated. The massage therapist/practitioner has discussed this information with me and provided opportunity for any questions. I have disclosed any and all health risk factors.

I, _____, have read and understand the aforementioned conditions which make hot stone massage contraindicated. The massage therapist/practitioner has discussed this information with me and provided opportunity for any questions. I have disclosed any and all health risk factors.

Please check the following that applies to you.

I understand the information contained on this form and confirm that I do not have any of the above conditions.

My condition(s) of _____ is/are listed above and therefore make(s) hot stone massage contraindicated. Given this knowledge I hereby give my full consent to receive hot stone massage and take full responsibility of any side effects or harm that may come from my receiving hot stone massage.

I understand that I will be receiving hot stone massage as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I release the massage therapist/practitioner of any and all liability for any harm that may unintentionally occur during my treatment(s). I also understand that the massage therapist is an independent contractor and not an employee of LaViva M.D. Medical Corp. (DBA: vivaMD). Therefore, I release LaViva M.D. Medical Corp., medical director, medical professionals and employees (Regular and on-training) of this corporation from any and all liabilities associated with this and any further massage.

Client Name: _____

Date _____

Client Signature: _____