

Spotswood Trail Therapeutic Massage
Massanutten, Virginia
(410) 299-3819

CONFIDENTIAL INFORMATION:

NAME _____ TODAY'S DATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (HOME) _____ WORK # _____
CELL # _____ BIRTH DATE _____
EMAIL _____
JOB TITLE _____ STRESS LEVEL _____ (1 low-10 high)

How would you like us to contact you? (please circle) Email, text or phone call?

How did you hear about us? _____

(If a friend or relative referred you, please share their name so we can thank them!)

Does your job involve much (please circle): **Sitting? Standing? Walking? Driving? Carrying objects? Repetitive motion? Computer work? Other:** _____

Have you ever received massage therapy before? **YES NO** How long ago? _____

HISTORY

What is your reason/goal for seeking care? _____

If you have a specific complaint, when did it start? _____

Have you seen a healthcare provider(s) for this complaint? If yes, please list: _____

Do you have any medically diagnosed conditions? If yes, please list: _____

Do you have any communicable/contagious medical conditions? (i.e. athlete's feet, hepatitis, MRSA, TB, HIV/AIDs, plantar warts, conjunctivitis etc.) Please list: _____

Please list all medications/supplements/over-the-counter drugs you are currently taking and the reason for taking them.

Are you pregnant? **YES NO** If yes, please ask for additional form.

Do you have any allergies? If yes, please list: _____

Have you had cancer / when ? _____ Have you had any lymph nodes removed? If so, from what area of your body? _____

Do you have breast implants? **YES NO**

Have you recently had Botox injections or a tattoo? Date _____ Location on Body _____

Like us on Facebook for updates and special discounts!

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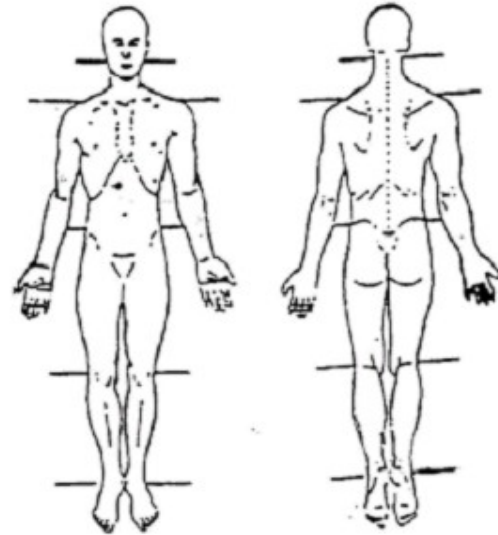
*Share your email address to be added to our
mailing list.*



**ARE YOU EXPERIENCING ANY OF THE
FOLLOWING? (PLEASE CIRCLE)**

Decreased range of motion
Broken Bones
Whiplash
Allergies (oils/perfumes)
Disc Problems
Arthritis
Skin Rash
Low-Back Pain
Sprains
Bruises
Headache

Neck Pain
High Blood Pressure
Severe Pain
Bursitis
Varicose Veins
Mid-Back Pain
Strains
Open cuts or burns
Abdominal Pain
Joint Ache



CIRCLE AREAS OF DISCOMFORT ON IMAGE TO THE RIGHT

PLEASE READ THE FOLLOWING AND SIGN BELOW:

- Definition of Massage: Massage is the manipulation of soft tissue, including muscles, tendons, and fascia to promote health and wellness. People may find that meditation, as well as other bodywork systems like myofascial release and energetic bodywork, provides results similar to massage.
- Limitations of Massage: Massage therapists do not diagnose medical diseases or musculoskeletal conditions and massage is not a substitute for medical examination and treatment. Massage therapists do not prescribe herbs or drugs, including aspirin or ibuprofen, or medical treatments. They do not perform spinal adjustments and they cannot counsel clients about emotional or spiritual issues as would be provided by a mental health professional or spiritual leader. If you experience symptoms that lead you to believe you may have a medical condition, it is recommended that you visit a physician for diagnosis and treatment. It is recommended that I concurrently work with my Primary Caregiver for any condition I may have.
- Expectations: The client is expected to demonstrate good hygiene and not use illegal drugs or alcohol before the session (the use of drugs and alcohol make it unsafe for a client to receive massage).
- Client Information. Information is not shared with any members of the public or other healthcare providers unless the client releases the information in writing. A court of law may order the client's healthcare records released to the court as part of a legal proceeding. Therapists are obligated to report information about the abuse of a child, elderly person, or mentally or physically challenged person in the event that such information is relayed during the session. Therapists are obligated to report threats of self-harm, or threats that the client plans to

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harm another person, to authorities.

- **Non Sexual Massage.** Clients are expected to refrain from any behavior of a sexual nature, including sexual jokes, nicknames, or immodest conduct. Sexual behavior from the client toward the therapist is inappropriate and will lead to the termination of the session and refusal of further service. Please understand that any illicit or sexually suggestive remarks or advances made by the client will result in immediate termination of the session and full payment will be required. We do not treat erectile dysfunction. You will need to see a medical doctor.
- **Medical History.** I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned. I will keep the practitioner updated on any changes. I understand that there shall be no liability on the practitioner's part due to my forgetting to relay pertinent information.
- **Benefits of Massage:** I understand that massage therapy may provide benefits for certain conditions, but results are not guaranteed. These benefits may include relief of muscular tension, relaxation, reduction in the symptoms of stress-related conditions, enhanced circulation and provision of general well-being.
- **Adverse Reactions to Massage:** Massage may lead to adverse reactions in certain situations or when used with certain conditions or medications. The massage therapist will evaluate your health-history intake and ask you questions to make sure it is safe for you to receive massage. In the event the massage therapist is uncertain that massage will be of benefit to you, he or she may ask you to provide a note from your physician stating that it is safe for you to receive massage. Please provide complete details of medical conditions and medications to your massage therapist during the health-intake interview. Failure to inform the massage therapist of all medical conditions and medications may place you at increased risk for adverse reactions. I also understand that massage therapy may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light-headedness, among other possible temporary outcomes. If I experience any pain or discomfort during the massage, I will immediately notify the therapist so that the pressure methods can be adjusted to my comfort level.
- **Business Policies and Practices:** You may book a 30-minute, 45-minute, 60-minute, 90-minute or 120-minute massage. Spotswood Trail Therapeutic Massage accepts cash, checks, and all major credit cards. The Trail does not bill insurance companies for services. Plan to arrive 10 minutes early to update your paperwork and discuss any changes to your condition. The first session usually requires a longer health intake process, so new clients should arrive 20 minutes early on their initial visit. Clients arriving late will be charged for the full session and the session will end promptly at the scheduled time. Checks returned for nonsufficient funds will be charged a \$40 processing fee. Business hours vary. Last minute appointments are accepted if the therapist is available. Infants, children and teens are welcome. Occasionally coupons for discounts on services are sent as part of the newsletter. Tips are always appreciated.
- **Cancellation Policy:** I understand there is a 50% cancellation fee based on the full price of the session if less than 24 hours notice is given.
- **Your Massage Session:** After you complete the health intake form, the therapist will take you to a private treatment room, review the form with you, and discuss your goals for the session. The therapist will customize the massage to meet your specific needs within the limits of her training and scope of practice. The therapist will then leave the room while you undress and position yourself under the drape on the massage table. Only the area being massaged at the time is undraped as the session proceeds. The breasts, genitals, and anus are never undraped during a session. Every effort is made to respect and protect both the client's and therapist's modesty. You may leave on your underclothing if you prefer.

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- Cell Phones: Please silence cell phones.

Informed Consent

I, _____, have read and understand the disclosures, policies, and procedures of Spotswood Trail Therapeutic Massage, and I would like to receive a massage session. I understand the benefits and limits of massage therapy and understand massage may cause adverse reactions in certain situations. If I experience any discomfort during the session, I will immediately inform my therapist so he or she can modify the massage strokes. I understand massage therapists do not diagnose diseases or conditions, prescribe medications or treatments, or perform spinal adjustments. I recognize massage is not a substitute for medical treatment and should I need medical treatment, I will seek out the appropriate health-care professional (physician, psychotherapist, chiropractor, veterinarian etc.). I understand that it is my responsibility to keep the massage therapist informed of changes in my (or my child's or dependent's) health status, diagnosed medical conditions, and medication. I understand that failure to inform the therapist of these changes may place me (or my child or dependent) at greater risk of adverse reactions to massage. I release the massage therapist of any liability if I fail to disclose the appropriate health-related information. I hereby waive and release Spotswood Trail Therapeutic Massage, Spotswood Trail Professional Services and Kathy Volrath from any and all liability past, present and future.

Signature: _____ **Date:** _____