Cindy Owens, LMBT ~ Massage Therapy ~ NC Lic #8524

Health History Form/Pain & Discomfort Chart/Policies & Consent

In order to maximize the effectiveness and safety of massage sessions, please take the time to carefully fill out this questionnaire. <u>This information will be treated confidentially.</u> Please print clearly.

Name:_____ Today's Date:____ /____ /____

Home Address:_____

City, _____State,_____Zip Code:_____ Date of Birth:____ /____ /____

Cell #: :_____ Home #:_____

Email:_____

Emergency Contact Name: _____ Phone #:_____

2) Please mark [X] for all conditions that apply now. Put a [P] for past conditions.

[ ] headaches, migraines
[ ] injury to face or head
[ ] sinus problem
[ ] jaw pain, TMJ syndrome
[ ] chronic pain
[ ] **autoimmune or inflammatory condition**
[ ] muscle or joint pain
[ ] muscle, bone injury
[ ] numbness or tingling
[ ] sprain or strain
[ ] arthritis, tendonitis

[ ] **spinal column disorder**
[ ] **osteoporosis**
[ ] **herniated disc**
[ ] diabetes
[ ] **uncontrolled hypertension**
[ ] **heart, circulatory problem**
[ ] **blood clots, prone to clots**
[ ] **varicose veins**
[ ] thyroid condition
[ ] **kidney or liver disorder**
[ ] hernia
[ ] digestive condition

[ ] **cancer, tumors**
[ ] tension, stress
[ ] depression
[ ] sleep difficulties
[ ] allergies, sensitivity
[ ] **skin rash, sores, athletes foot**
[ ] **infectious disease, fever**
[ ] other condition(s) not listed
Please list:

_____

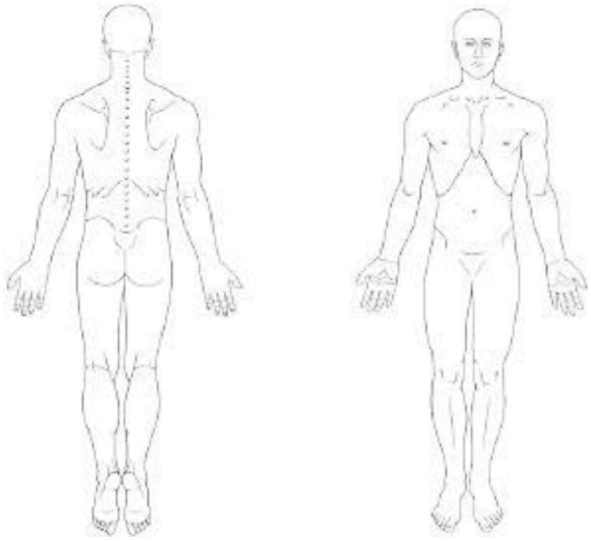
3) Are you currently taking any blood thinning medications, including high dose aspirin? Yes___ No___

4) Have you had any implants within the last 9 months? Yes___ No___ Location:_____

5) Please list any surgeries within the last year: _____

Pain & Discomfort Chart

Please mark the areas where you have pain and describe your level of discomfort using a scale of 1 – 10.



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General Information:

The massage will be tailored to your needs and a session plan will be discussed with you and will include your input. During the session I will check with you concerning your comfort level with pressure, room temperature, etc. Do not hesitate to tell me at any time during and after the session about your comfort or how I could better address your needs for the massage.

Policies:

Your Rights:

- All information, therapeutic discussions, casual conversations, records, either written or verbal during your visits, will be kept confidential. Information will be released only with your written consent or released by a court order, as required by law.
- Your comfort and level of modesty are of the utmost importance. I will ask you to remove your clothing only to your degree of comfort and will leave the room while you do so. **You will always be draped during your massage with only the portion of your body being massaged uncovered.** Prior to each session I will ask you if there are any parts of your body that you do not want touched.
- You have the right to discontinue treatment at any time, even during a session. Should this occur, it will be important for me to discuss and understand the nature of your discomfort and how/if it can be remedied.

My Rights:

- By law, I have the right to refuse treatment and to immediately terminate a treatment in progress to protect my safety, including situations such as a client who:
  - is abusive, under the influence of alcohol or drugs, or is otherwise impaired; or
  - has violated the boundaries of the professional relationship by behaving in a way that I perceive to be sexual in nature.
- **You are required to be draped during the session.** Requests for no draping will not be granted unless you are clothed. I require that you remain minimally clothed for certain sessions, such as for facilitated stretching.
- I have the right to refuse or discontinue treatment of a client who does not disclose his/her health information.

Late Arrivals, Cancellations and No-shows:

- If you are late you will pay full price for the session, but I will try to accommodate you depending on my schedule.
- Please provide at least 24 hours notice of a cancellation or you may be responsible for the cost of the session.
- If you miss an appointment without notice, I reserve the right to decline any future appointment requests.

Consent:

- I understand that massage is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.
- The general benefits of massage, contraindications, if any, and treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications and that the massage therapist cannot diagnose any condition.
- By signing below I acknowledge that I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes. I also acknowledge that I have read and will do my best to abide by the policies listed above.

Client Signature _____ **Date:**_____