



Informed Consent Agreement

By signing, client acknowledges having read and agreeing to all terms of receiving bodywork. Any questions should be asked prior to receiving massage/bodywork. Client also releases Therapist and Bodywork Therapies LLC from responsibility for any conditions that may arise during or after receiving massage/bodywork.

General Benefits: Increases in circulation, toxin removal, range of motion, flexibility, energy, heart rate, body temperature, immunity, body awareness, and relaxation; decreases in discomfort, fatigue, tension, and stress levels.

General Contraindications: Medical emergencies (shock, hemorrhage, seizure, poisoning, etc.), high fever (102°F), highly-metastatic cancer, intoxication, pain medications or extreme fatigue (mental or physical).

****Any client under physicians' care must notify therapist of condition and changes. Working without physician approval may be detrimental to the physical well-being of the client.**

Rates: **\$85/ hour, \$105/ 75-minute, \$120/ 90-minute** ~ Base Rates (discounts/packages available). Payment is due when service is received. Advance payment will be accepted. Cash and credit cards accepted and preferred. On occasion, checks are accepted. A fee of \$25 will be charged on any returned check.

Confidentiality: All information/conversation exchanged during a treatment session or about a treatment session remains confidential for the safety and well-being of client and therapist.

General Etiquette:

- Late clients will have a shortened treatment at the same rate of a full session.
- No shows will be charged for a full treatment session.
- Cancellations one day (24 hours) prior will not be charged - Less notice is charged 50%.
- Intoxication can have many negative effects on the body when combining massage with alcohol.
- Client will be asked to leave and charged full price for a treatment session if found to be intoxicated.

Recommendations: Avoid large meals 90 minutes before a session. Food fresh in the system may have an adverse effect on the client. For TUI NA and Reflexology treatments, plan on having time after session for low-key activity or sleep. Contact lenses may become "dry" during treatment session, bringing a case is suggested.

Right of Refusal: Therapist and client both reserve the right to end a treatment session at any time for any reason. Therapist will fill out a disclosure statement to inform client why treatment session is ending.

Client does not need to give any reason for ending a treatment session.

Sexual innuendos, language and/or behavior will not be tolerated. Session will end immediately and client will be charged full price.

Name _____

Signature: _____

Date: _____



Bodywork Therapies

recover faster. perform better



Confidential Health History

Name _____ Male Female Date of Birth _____

SECTION 1

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

In **Case of Emergency**, who should be notified?

Name _____ Relation _____ Phone _____

How did you hear about us? _____

SECTION 2

Occupation _____ How long? _____

Common Physical Activities: Please **check** those activities which you are involved in on a **weekly or daily basis**.

___ Standing (How long? _____) ___ Desk Sitting (How long? _____) ___ Sitting in a car (How long? _____)

___ Aerobics ___ Bending/Lifting ___ Jogging/Running ___ Yoga/Stretch ___ Computer work

___ Tai Chi/Martial Arts ___ Pilates ___ Skiing ___ Tennis ___ Bike Riding ___ Swimming

___ Weight Lifting ___ Hiking/Walking Other: _____

When was your **last massage** session? _____

Do you have **allergic reactions** to any oils, lotions or other substances applied to your skin? Yes No

If yes, explain _____

How much **water**, per 8oz glass, do you drink per day (on average)? 2 4 6 8 10 12+

What is your **overall purpose** for seeking Massage/Bodywork? (Check all that apply)

Stress Management Injury Prevention Injury Recovery Pain Management

Other _____

Please tell us about your **general health conditions**: (CIRCLE **C**urrent or **P**ast)

- | | | |
|--------------------------------------|---|---------------------------|
| C P High/Low Blood Pressure | C P Pregnancy (wks _____) (Due Date _____) | C P Diabetes |
| C P Surgeries | C P Endocrine/Thyroid Conditions | C P Digestive |
| C P Lymphatic | C P Cancer/ Tumors | C P injuries |
| C P AIDS/HIV | C P Recurrent Infections | C P Skin Problems |
| C P Bruise Easily | C P Jaw Pain/Teeth Grinding | C P Tendonitis |
| C P Headaches/Migraines | C P Arthritis/Bursitis | C P Vision |
| C P Numbness/Tingling | C P Osteoporosis/Degenerative Spine/Disk | C P Insomnia |
| C P Bladder/Kidney Problems | C P Lung Conditions | C P Muscle Spasms |
| C P Joint Pain/Conditions | C P Depression/Anxiety | C P Sinus Problems |
| C P Nerve Damage/Neurological | C P DVT/Blood Clots | C P Varicose Veins |

NOTES: _____