

Be In Touch Bodywork Intake Form

Personal Information

Name _____ Phone (home) _____ (cell) _____
Address _____ City/State/Zip _____ DOB _____
Email _____ Subscribe to the monthly newsletter, which includes
Occupation _____ special promotions and self-care suggestions
Emergency Contact _____ Relationship _____ Phone _____
How did you hear about Be In Touch Bodywork? _____

Medical Information

Are you taking any medications? yes no
If yes, please list name and purpose _____

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

Any high risk factors? _____

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 _____

Please indicate any of the following that apply to you

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |
| <input type="checkbox"/> Skin Conditions | |

Explain any conditions you have marked above and/or any that have not been listed

Massage Information

Have you had a professional massage before? yes no

What type of massage are you seeking?
 Relaxation Therapeutic/Deep Tissue
 Other _____

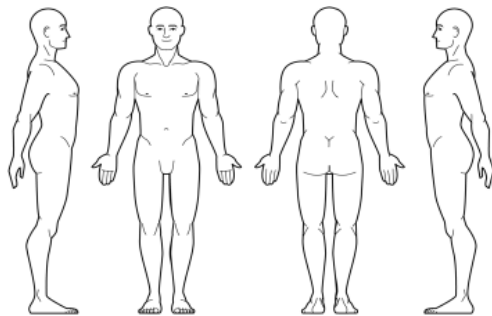
What pressure do you prefer?
 Light Medium Deep

Do you have any allergies or sensitivities? yes no
If yes, please explain _____

Are there any areas (ie: feet, face, abdomen, etc) you do not want massaged? yes no
If yes, please explain _____

What are your goals for this treatment session? _____

Please mark any areas of discomfort



By signing below, you agree to the following:
I have completed this form to the best of my ability and knowledge and agree to inform Lani D. Oft, LMT if any of the above information changes at any time.

Client (or legal guardian) signature

Date

By signing below, you agree to the following:

- I give my permission to receive massage therapy and bodywork.
- I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- I understand that a massage therapist does not diagnose illnesses or injuries, or prescribe medications.
- I have clearance from my physician to receive massage therapy.
- I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury

I therefore release Lani D. Oft, LMT and Be In Touch Bodywork from all liability concerning these injuries that may occur during the massage session.

- I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let her know about any changes to these. I understand that there may be additional risks based on my physical condition.
- I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so she may adjust accordingly.
- I understand that I, or the massage therapist, may terminate the session at any time.

Client (or legal guardian) signature

Date

Cancellation Policy

- Please provide at least a 24-hour notice of any schedule changes or cancellations. Please understand that without such a notice, the appointment time is often unable to be filled. This is an inconvenience to your therapist and also means that other clients missed a chance to receive services they need. For this reason, you will be subject to a fee as followed: less than a 24-hour notice will be charged 50% of the full session cost, less than a 12-hour notice 75%, less than a 6-hour notice and/or no-shows 100%. For medical massage, that amount includes what would have been billed to your insurance, not just your copay.
- If you have a sudden fever, known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment, it is requested that you cancel your session as soon as possible. This might not result in a fee, as long as this excuse is not abused.

Late Arrival Policy

- It is requested that you arrive at least 5 minutes prior to your appointment time.
- It is understood that issues can arise that may cause you to be late for your appointment. It is asked that you inform your massage therapist of your expected time of arrival. Please understand that arriving after your appointment time will 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.
- Your massage therapist will do her best to be on time, and if she is unable to do so, she will add time to your session to make up for her 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, 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, your massage therapist may also file a report with the local authorities if necessary.
- Treat your massage therapist with respect and dignity, and you will be treated the same in return.

By signing below, you agree to abide by these procedures:

Client (or legal guardian) signature

Date