

# Magnolia HEALING ARTS

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency contact (name and phone): \_\_\_\_\_

Have you ever received professional massage/bodywork before? Yes ☐ No ☐

How recently? \_\_\_\_\_

What kind of pressure do you prefer? Light Medium Firm Not Sure

Do you enjoy essential oils/aromatherapy? Yes ☐ No ☐

What are your current symptoms? (stress, pain, stiffness, numbness/tingling, swelling, range of motion, etc...)

When do you usually notice these symptoms? (sleeping, morning, evening, working out, sitting, computer work, lifting, etc...)

What are your goals for receiving massage/bodywork?

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

Do you have any of the following conditions? Yes ☐ No ☐

Blood Clots, Infections, Congestive Heart Failure, Contagious Diseases, Pitted Edema

Are you pregnant? Yes ☐ No ☐

If yes, how many weeks? \_\_\_\_\_

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If any of the conditions below apply, please circle "Current" or "Past" and explain in detail, including treatment received:

Current/Past Muscle or joint pain \_\_\_\_\_  
Current/Past Muscle or joint stiffness \_\_\_\_\_  
Current/Past Numbness or tingling \_\_\_\_\_  
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: \_\_\_\_\_

## Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner 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, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners 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. I have read and understand the MHA Client Policies. Understanding all of this, I give my consent to receive care.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **CANCELLATION POLICY**

24 hour advance notice is required to cancel your appointment without charge.

When you book an appointment, that time is reserved for you. **If you are unable to give at least 24 hours advance notice, you will be charged the full fee of your appointment.** This amount will be billed to you and must be paid as soon as possible, and prior to your next appointment.

## **NO-SHOWS**

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show" and will be charged full price for their missed appointment. This amount will be billed to you and must be paid as soon as possible, and prior to your next appointment.

## **LATE ARRIVALS**

If you are late, not ready, or not available for your massage upon arrival of the therapist, your session may be shortened in order to respect the time dedicated to your appointment, or to accommodate others whose appointments follow yours. Your therapist will determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible to pay for the full session. Out of respect and consideration to your therapist and other customers, please plan accordingly and be ready and on time.

## **PAYMENT**

Full payment is expected before or after your treatment. All clients, whether they have received treatment or booked an appointment, are bound by this policy without any prejudice or exemption.

## **TIPPING**

Tippling is optional.

## **GIFT CERTIFICATES**

Gift Certificates and Coupons are voided by failing to make your appointment or cancel with sufficient notice.

## **INSURANCE**

I do not bill insurance directly and full payment "out of pocket" will be expected at your session. I will be happy to write you a receipt for the session, which you can submit to your insurance if you have a policy that covers massage therapy.

## **DOCTORS NOTES**

If you are under the care of a physician for a serious condition, I am more than happy to work with you. For your safety, a doctor's note may be required before I am able to give you a massage. Please feel free to contact me if you are unsure whether this applies to you.

## **EXCEPTIONS & ILLNESS**

Of course I understand that unanticipated events happen in everyone's lives. In the event of reasonable unexpected life events, or illness, I am willing to have a conversation about these policies. I will strive to be fair and understanding to everyone's circumstances.

**-thank you so much for your understanding-**