

# MASSAGE THERAPY

Welcome! I want to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your visit, please let me know.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Referred By \_\_\_\_\_

Are you pregnant? Yes No

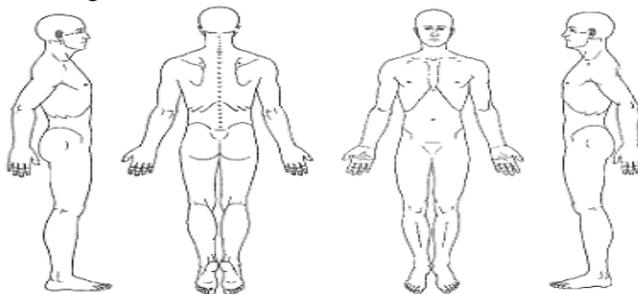
Are you taking any medications? Yes No If yes, please list: \_\_\_\_\_

Do you have any metal plates/pins in your body? Yes No If yes, where? \_\_\_\_\_

**Have you ever received massage therapy?** Yes No If yes, what type of massage have you experienced?

Deep Tissue Swedish Other \_\_\_\_\_

**Shade in the area(s) where you are feeling discomfort:**



**Do you have any of the following TODAY?**

- sunburn
- cuts, bruises, burns
- inflammation
- irritated skin rash
- severe pain
- headache
- poison ivy
- cold or flu
- cold sore

**What type of touch do you prefer?**

- light
- heavy
- deep/trigger point

**How much water do you drink per day?**

- two to four glasses
- five to seven glasses
- eight or more glasses
- other \_\_\_\_\_

**What are your goals for massage?**

- relaxation
- injury rehab
- high activity level maintenance

**Are there any other health conditions I should be aware of? Or any areas you would like avoided?** Yes No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**Please read and initial the following, and sign below:**

- I understand that this massage is not a replacement for health care and that no diagnosis will be made.
- I am responsible for paying for any appointment cancellation of less than 24 hours.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Massage Therapy Policies and Procedures**

*Thrive Chiropractic Clinic holds these policies and procedures to a very high standard.*

**Appointments:** At our office massage appointments are by appointment only. Please call the office to inquire about the massage schedule. To ensure appointment availability, we suggest a regular series of appointments be scheduled.

**Hands-On Massage Time:** A one-hour massage consists of 50 minutes of massage time. This allows 5 minutes before and after the appointment for the client to get dressed/ undressed, and the massage therapist to prepare for the next client.

**Cancellation Policy:** Our time together is important. Unless there is an emergency, it is requested that you cancel your appointment 24 hours in advance **or pay the missed appointment fee in full**. Call and leave a message on the answering machine to cancel appointments or change scheduling. If you miss your scheduled massage or do not cancel your appointment 24 hours in advance, we will NOT bill your insurance and you will be responsible for the full amount owed.

Clients who fail to show up for their scheduled appointment time will not be scheduled for future appointments. Gift certificates will be forfeited for no shows.

**Lateness Policy:** Please arrive 15 minutes prior to your first massage appointment to fill out necessary paperwork if you have not already done so.

We request that you arrive early for your appointments. If you arrive late for your appointments, the time left will be used to its best advantage and you will be charged for the entire scheduled appointment.

**Professional Boundaries:** In order for Thrive Chiropractic Center to best serve your needs, honest disclosure of any situation that may interfere with safe, nurturing, nonjudgmental, nonsexual touch must be considered.

The massage therapist needs to consider personal needs, biases, fears, concerns, and limitations as stated in the massage therapy policies and procedures.

**Respect of Client Boundaries:** In this partnership, it is important that the client is honest and open with the massage therapist. Feedback about the effectiveness of the work, situations that may have been uncomfortable for you, massage techniques that you enjoyed, massage techniques that you did not like, etc., is very important.

Please feel free to share this information with us, as you become aware of it.

Respect for client boundaries is very important. To maintain respect for each client and establish professional boundaries the following massage therapy policies apply:

- The client may choose to leave on as much clothing as needed for comfort.

- The client will always be modestly draped. Only the area being massaged will be undraped.

Requests for sexual activity will not be tolerated, will be viewed as solicitation, and reported to the proper authorities under the guidelines of the massage therapy policies and procedures. The client will not be rescheduled if this occurs.

Children, under the age of eighteen, will not be seen without a parent or guardian present in the therapy room.

**Confidentiality and Conversation:** The discussion between the massage therapist and the client is confidential. If the massage client is also a chiropractic patient, the doctor and massage therapist will converse about treatment as necessary.

**Existing and New Medical Conditions:** It is the responsibility of the client to keep the massage therapist informed of any medical treatment. The client must also keep the massage therapist informed of any changes in health conditions.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_