



Intake Forms

Massage Therapy/Cupping Massage Therapy/Craniosacral Therapy/Lymph Drainage Therapy

Name _____ DOB _____ AGE _____

Cell Phone () _____ Hm Phone () _____

Address _____ City _____ State _____ Zip _____

E-mail: _____

Referred by: _____

Occupation _____ Male _____ Female

Physician _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a professional massage or bodywork session? ___ Yes ___ No
If yes, How recently? _____

What are your massage or bodywork goals? _____

For Massage Clients Only: What kind of pressure do you prefer? ___ Light ___ Medium ___ Firm (Not Deep Tissue)

Table with two columns of medical history questions. Left column: stress, diabetes, headaches, pregnancy, arthritis, contact lenses, dentures, high blood pressure, epilepsy, joint swelling, varicose veins, contagious diseases, osteoporosis, allergies, recent trauma. Right column: bruising, broken bones, injuries, tension/soreness, cardiac/circulatory problems, back pain, numbness/stabbing pains, lymph nodes, surgery in past 6 months, other medical conditions.

Disclaimers

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. 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. Draping will be used during all massage/bodywork sessions. _____ (initials)

I 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. _____(initials)

I 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. _____ (initials)

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. _____ (initials)

I understand that on occasion essential oils are used during massage/bodywork sessions. Essential oils are strong and safe when used as directed. Essential oils are used in massage/bodywork sessions for the basic purpose of relaxation and relief of muscular tension. The use of essential oils is not intended as a diagnosis, a treatment, a cure or prescription of any kind.

_____ (initials)

Authorization to Receive Text Message Reminders

I _____ agree to receive text messages to this mobile phone number (____) _____ - _____ reminding me about my upcoming appointments with MaryVirginia Mach-Wier, LMT. Reminders are optional and text message & data rates may apply.

I do not want to receive Text Message Reminders.

Client Signature _____ Date _____

MaryVirginia Mach-Wier, LMT

Cancellations, Missed Appointments and Rescheduling Appointments Policy

I understand that unanticipated events happen occasionally in everyone's life. In my desire to be effective and fair to all my clients and out of consideration for my time, we have adopted the following policies. You can contact me to cancel your scheduled appointments via the website, by text or phone.

- **24 hour advance notice is required when cancelling an appointment.** For example, if the appointment is on Thursday at 4pm, in order not to be charged for an appointment, our office must be notified of the change no later than Wednesday 4pm during office hours. No exceptions.

Clients making cancellations, missing appointments or rescheduling on the same day as the appointment will be charged the **full amount of your appointment** for the time scheduled for that day, because we will be unable to utilize that time to schedule in another client upon such short notice. No exceptions.

- **No Shows** – Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a “No Show”. **They will be charged the full amount for the missed appointment** and future service will require a credit card deposit to hold the appointment time or service may be denied.
- **Arriving Late** – Appointments start and stop on time, appointment times have been arranged specifically for you. If you arrive late your session maybe shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a session. Regardless of the length of the session actually given, **you will be responsible for the full amount of the session.**

This is being done to ensure that our appointment times are being best utilized. Many clients are needing to wait 1-2 weeks to come in. If I am given enough advance notice, then I am able to schedule my clients efficiently.

Client Signature _____ Date: _____