



Therapeutic and Medical Massage: Neuromuscular • Myofascial • Medicupping • Therapeutic • Sports • Pregnancy • Classes

Doing a fabulous job for the Triangle Community means a lot to us. By checking ALL that apply, we'll know how we're doing and whom to thank! What prompted you to schedule your first visit with Hands On Health?

My friend/family name \_\_\_\_\_ Event (ie. health fair): What event? \_\_\_\_\_
Referred by healthcare provider: (ie. Chiropractor, Acupuncturist, PT, other). Who? \_\_\_\_\_ Social Media: Facebook, Twitter, other: \_\_\_\_\_
Appointment was available when I wanted/needed
One of Hands On Health's massage therapists was recommended: What Therapist? \_\_\_\_\_
On-line: Circle: Google, Yelp, Bing, mobile search, other: \_\_\_\_\_ I heard about HOH from several sources

Let's stay connected: Join us on Facebook at HandsOnHealth.Massage.Therapy | IG: HandsOnHealthNC

Confidential Health Intake Form | Contact Information:

Your Name: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_
Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_
Email: \_\_\_\_\_ Sign up for newsletter? Yes/No (circle)

Circle one: What is your preferred method for reminders: phone call | email | text and my mobile carrier is with (circle one): Verizon | Sprint | AT&T | Other: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer/Industry: \_\_\_\_\_
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: M F Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Please check the following conditions that apply or have applied to you:

Arthritis Headache Neck pain Digestive disorders Herpes zoster/shingles
Numbness Head Injury Thoracic outlet Heart problems (active)
Cancer Phlebitis Fibromyalgia or Sinus problems High blood pressure
Epilepsy Sciatica chronic pain TMJ (Jaw) problems Fatigue/insomnia
Covid-19 mild (recovered) Depression Scoliosis Varicose veins Pregnancies: N Y
Covid-19 severe (recovered) Diabetes Broken bone(s) Bursitis/tendonitis Current pregnancy or recent birth
Cramps/spasm Low back pain Clotting disorder or Blood clots Osteoporosis
Dizziness Herniated disc

Describe and date any other medical conditions and/or ALL past surgeries, car accidents, head trauma:

Hrs cardiovascular/week? \_\_\_\_\_ Avg hrs prolonged sitting/day? \_\_\_\_\_ What sports/exercise do you participate? \_\_\_\_\_

List current medications (including those delivered by patch)/herbal supplements used and for what purpose: \_\_\_\_\_

Please list Healthcare Providers you see for your health and wellness (physical ther, orthopedist, neurologist, chiropractor, etc)

Have you ever received massage for medically related purposes? (Check all that apply)

muscle pain relief lumbar disc or SI joint conditions cervical disc TMJ/TMJD other
Reason for your massage session today? medical massage (medical condition or injury), muscle pain or soreness, sports performance, relaxation/health maintenance, not sure. Details: \_\_\_\_\_

Continue on back side or next page --->



**Do you have a nut allergy? If yes, what?** \_\_\_\_\_

**About your comfort during the session** – Please indicate the areas of the body that you **DO NOT** want massaged by the therapist without informing you ahead of time\*:

- |                                     |  |  |  |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Face       | <input type="checkbox"/> Under arms        | <input type="checkbox"/> Low back          | <input type="checkbox"/> Upper inner thigh |
| <input type="checkbox"/> Neck       | <input type="checkbox"/> Abdominal region  | <input type="checkbox"/> Lower inner thigh | <input type="checkbox"/> Feet              |
| <input type="checkbox"/> Chest wall | <input type="checkbox"/> Hip/Glutes region | <input type="checkbox"/> Other _____       |  |

\* Note: For therapeutic massage purposes mid buttocks region and pubic area are always draped for men and women; abdominal region and upper hip/buttocks is only undraped while the massage is being performed on that region and then re-draped immediately. In the cases of medical massage the following regions may receive treatments: the front of the neck, breast region (draped or undraped but undraped only with advanced consent), pubic attachments, inner jaw, upper hamstrings and ligaments.

**Therapists reserve the right to decline, discontinue, or restrict services based on any information provided in this form and that may indicate that massage therapy would put the client’s or therapist’s health at risk. Please check off each item below to indicate that you have read, understand, and acknowledge being given informed consent and consent to terms of services today and in the future. After submitting this form, you will receive these terms of service in an email for your future reference. All terms must be acknowledged before you may begin sessions at this facility.**

**Please read and initial each item below to indicate that you have read, understand, and acknowledge being given informed consent:**

\_\_\_\_\_ **CANCELLATION POLICY.** I understand that Hands On Health requires me to pay in full for missed appointments or late cancellations. I agree to pay in full for the time that the therapist set aside just for me, including those times I choose to end an appointment early or arrive late for any reason. To avoid being charged, I acknowledge that cancellation/rescheduling notice must be given by 7:45pm Monday-Friday, 4:45pm Saturday (for Monday appointments), or prior to when the business closes for a holiday. I agree to refrain from rescheduling/canceling appointments when I book a same day appointment.

\_\_\_\_\_ **TABLE TIME.** I am aware that every appointment includes time for pre and post treatment consultation and is not solely time on the table. Except in the cases where I seek massage for relaxation purposes, I understand that lengthier consultations may be a part of the therapy session time. I should expect at least 10 minutes of every treatment to be used for consultation and environmental cleaning & disinfecting procedures. .

\_\_\_\_\_ **COVID-19.** No in-person massage appointment is completely risk-free from transmitting Covid-19, even if the client and massage therapist appear well. We have followed CDC guidelines as well as guidelines through our professional massage therapy organizations in an effort to prevent sickness or spreading of this disease during your visit. If you are feeling ill, please stay home. **About your visit:** we will have hand sanitizer for use when entering the office, or you may wash your hands before your session begins. Face masks must be worn at all times while in the office. If you do not have a face mask, we will have extra masks for sale for \$5 each. Since your safety must come first, please note that warm blankets will no longer be provided over the top sheet. However, heating blankets under the hygienic barrier will still be provided. For your comfort, please consider bringing a throw blanket from home for your personal use during the session. To reduce the risk of transmission, water will no longer be provided before or after your sessions. You may want to bring some water with you so you can stay comfortably hydrated. Other than the blanket and water bottle, please consider bringing as little else as possible with you to your session. We will be processing contactless payments as much as possible. There will be no exceptions to these policies as we must strictly adhere to them for everyone's safety.

\_\_\_\_\_ **TEMPORARY SKIN DISCOLORATION.** I am aware that due to the nature of therapeutic massage, techniques and tools may leave temporary discoloration of the skin. This temporary discoloration can be a normal side effect of the therapy but does not happen in every session. Techniques that may temporarily discolor the skin include but are not limited to deep friction massage, massage cupping, Graston and Gua Sha. If I am introduced to these tools or techniques and this is something I do not consent to receiving, I agree to communicate with my therapist and say so at that time or any time in the future.



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\_\_\_\_\_ **CANNOT DIAGNOSE.** I understand that massage practitioners cannot diagnose illness, disease, or any physical or mental disorder or reason for physical discomfort. I acknowledge that massage is not a substitute for medical treatment, and it is recommended that I see a primary healthcare provider for that need.

\_\_\_\_\_ **COMMUNICATING CONCERNS.** I understand that it is only fair to me and to my practitioner that I verbally communicate any concerns or questions, at any time during my session. My therapist and I both have the right to end a session at any time. I am aware that this practice recommends that I call the office in advance of the next session should I have any concerns about a prior session.

\_\_\_\_\_ **CLIENT CONFIDENTIALITY.** I acknowledge that I am aware of Hands On Health's obligation and commitment to maintaining confidentiality regarding the disclosure of my health information by Hands On health to other healthcare professionals. I agree that I will ask for clarification if I need assistance understanding confidentiality.

\_\_\_\_\_ **PAYMENT.** Payment is due when services are rendered unless payment arrangements have been made ahead of time. Gift certificates should be used for their full value whenever possible. If you've booked a session for less time, please note that you will receive the remainder in the form of a credit. Gift certificates are transferable to others but non-refundable for any reason, including any temporary office shutdown.

***I have read and understand these policies and I agree to honor these Terms of Service:***

Signature (parent/guardian\* if under 18) \_\_\_\_\_ Date \_\_\_\_\_

\* Under age 16, we recommend that a parent/guardian remain with the child during the session until a therapeutic relationship is established.