



**CLIENT CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact #: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Alternate #: \_\_\_\_\_  
Email: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Appointment Reminder:      \_\_ Call      \_\_ Text  
Referred by: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is this massage medically necessary, such as a condition, an injury or surgery? \_\_\_yes \_\_\_no

Do you have a Physician referral/prescription? \_\_\_yes \_\_\_no

Are you seeking insurance reimbursement? \_\_\_yes \_\_\_no

**(if yes, please complete the insurance billing form)**

Type of insurance coverage for this claim? Personal Injury    Worker's Comp    Private Health

**MESSAGE INFORMATION**

Have you ever received professional massage/bodywork before? \_\_\_yes \_\_\_no

How long ago was your last massage? \_\_\_\_\_

What is your expected outcome for receiving massage/bodywork? \_\_\_\_\_

How do you feel today? \_\_\_\_\_

What are your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.) \_\_\_\_\_

Do these symptoms interfere with daily activities? \_\_\_yes \_\_\_no      If yes, explain: \_\_\_\_\_

What makes your pain better? \_\_\_\_\_

What makes your pain worse? \_\_\_\_\_

**HEALTH INFORMATION**

Are you currently under the care of a doctor or a physical therapist? \_\_\_\_\_ If so, why? \_\_\_\_\_

List any medications that you are currently taking: \_\_\_\_\_

Do you currently see a chiropractor? \_\_\_\_\_ Yes \_\_\_ No

If so, Whom? \_\_\_\_\_

Are you wearing contacts? \_\_\_ Yes \_\_\_ No

Are you pregnant? \_\_\_ Yes \_\_\_ No

How much exercise do you get each week? \_\_ none \_\_ 1-2 days \_\_ 3-4 days

Please list any surgeries/injuries that you have had in the past that may influence today's treatment

_____	when?	_____
_____	when?	_____
_____	when?	_____
_____	when?	_____
_____	when?	_____
_____	when?	_____

Have you had any tests, such as an X-ray or MRI, for the reason you are here today? \_\_\_ Y \_\_\_ N

if yes, may I request a copy from your Dr? \_\_\_ Y \_\_\_ N?

Dr. Name & Phone # \_\_\_\_\_

Please list any areas that need to be avoided? \_\_\_\_\_

Do you wear any topical medications, such as hormone creams? \_\_\_ Y \_\_\_ N

Circle any of the following health conditions that you currently have. Please be completely honest, as massage may not be indicated for the below conditions.

- |                          |                     |
|--------------------------|---------------------|
| Blood clots              | Fever               |
| Infections               | Pitted Edema        |
| Congestive Heart Failure | Contagious diseases |

Please indicate conditions that you have or have had in the past. 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 (i.e. MS, Parkinson's, Chronic Pain) | _____ |
| Current | Past | Epilepsy, seizures                                | _____ |
| Current | Past | Headaches, migraines                              | _____ |

Current	Past	Dizziness, ringing in the ears	_____
Current	Past	Digestive conditions (i.e Crohn's, IBM)	_____
Current	Past	Gas, bloating, constipation	_____
Current	Past	Kidney diseases, 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	_____
Current	Past	Fibromyalgia	_____

Other \_\_\_\_\_

The modesty of each client and the therapist **will** be protected by proper draping. Draping will be used every time! Do **NOT** request to have your massage without proper draping!

Tyler Massage shall not engage in breast massage of female clients without written consent of the client.

All sessions are payable in full at the conclusion of the appointment.

**CONSENT FOR TREATMENT**

If I experience any pain or discomfort during the 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 examinations, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment for 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 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 of immediate termination of the service and I will be liable for payment of the scheduled time. Understanding all of this, I give my consent to receive care.

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

Date: \_\_\_\_\_

Parent or Guardian Signature (if minor) \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# TYLER MASSAGE POLICY

## Cancellations/No Shows

Tyler Massage operates on an appointment only basis; therefore, a therapist must be onsite for an appointment even if the client does not arrive. For this reason, your appointment will be held with a credit card. If your appointment is not cancelled within 4 hours of your scheduled appointment, you will be charged a \$25.00 cancellation fee. No-shows will be charged the full amount of the scheduled service.

## Client / Therapist Conduct

The staff at Tyler Massage is dedicated to providing the highest level of commitment to our clients delivered with the utmost professionalism. Comfort with the service you are receiving is essential to properly performing therapeutic massage techniques. Massage is a very personal service and requires a therapist/client relationship very much like the relationship one has with their physician. Due to the nature of physical contact required in massage therapy, your therapist will take great care in respecting your modesty and your privacy. All information gathered and discussed in the course of your therapy is kept secure and confidential. If at any time, you are uncomfortable with the level of physical contact between you and your therapist, please communicate this so that your therapist may adjust the session according to your comfort level. Though we do offer services for the purpose of relaxation, our primary focus is therapeutic massage. Inappropriate action or requests will not be tolerated and will result in an immediate termination of a session with payment due in full. We ask that you treat our therapists with the same level of respect they strive to provide.

## Medical History

It is important that you be thorough in your client information's medical history. There are certain medical conditions that can increase the risk of injury while receiving therapeutic massage. Please make certain that you keep your client information up to date, and notify Tyler Massage of any changes in your medical history prior to receiving any services.

## Health Concerns

Tyler Massage reserves the right to deny service to anyone presenting signs of contagious illness including but not limited to Flu, Cold, or Fever. This is both for the protection of our therapist and our other clients. If you find that such illness prevents attendance of a scheduled appointment, please notify Tyler Massage as soon as possible so we may reschedule the time for another client. Appointments rescheduled on the basis of illness will not incur a canceled appointment fee. This policy is based on good will and subject to change if abused.

## Service To Minors

Clients under the age of 18 will be required to have a consent form signed by a legal guardian in person prior to service. Consent will be required on subsequent visits under the same terms unless otherwise indicated by the legal guardian on the consent paperwork. For clients under the age of 14 Tyler Massage requires the legal guardian be present during the session.

## Specific Medical Conditions

Therapeutic massage is intended for the treatment of specific conditions to which massage has shown to provide benefit. Your therapist is not qualified to diagnose medical conditions; they can however suggest approved methods of treatment for conditions previously diagnosed by a client's physician. If you have any questions concerning the safety of massage for any specific condition, please consult your physician prior to your session and advise your therapist of any concerns your physician may have. Tyler Massage is not responsible for injury as a result of existing medical conditions whether disclosed or not.

## Pregnancy Concerns

Though there are no known specific dangers of receiving therapeutic massage while undergoing a normal pregnancy, it is advised that all clients that are or believe they may be pregnant discuss therapeutic massage with their physician prior to a session at Tyler Massage. Furthermore, it is requested that the client indicate their pregnancy on the client information paperwork so the therapist is aware as well.

## Drugs / Alcohol / Prescription Medications

Massage can intensify the effects of drugs and or alcohol in the recipient's system, for this reason people under the influence of drugs or alcohol should not receive massage. Tyler massage reserves the right to deny service to anyone they believe may be under the influence of drugs or alcohol. This policy is both for the protection of the therapist and the client. Please inform your therapist of any prescription medications you may be taking prior to receiving a massage. Tyler Massage is in no way liable for injury as a result of medications or other adulterants in a client's system whether disclosed or not.

## Arriving On Time

It is important that when an appointment is scheduled that arrive on time. If this is your first visit to Tyler Massage, please arrive a few minutes early to fill out new client information. Arriving on time assures that we can schedule our time appropriately and that all clients are allowed their full session time. Arriving late for an appointment could result in your session time being less than the scheduled time due to obligations to other clients. Clients not arriving within 15 minutes of their scheduled appointment time will be considered in forfeiture of their allotted time slot. In the event a client does not arrive within the window of their scheduled time slot, Tyler Massage will attempt to contact the client to reschedule if contact information has been previously supplied.

Print Name \_\_\_\_\_

Client Signature \_\_\_\_\_