

Wellville



Massage & Healing Arts

HEALTH INTAKE

Personal Information

Name _____ Date of Birth _____
Address _____ Email _____

Occupation _____
Phone (primary) _____ Emergency Contact _____
(secondary) _____ Contact's Phone _____
How did you hear about Wellville? _____

Health History

Please list all serious injury, past and current: _____

Please list any and all surgeries: _____

Please list all allergies: _____

Please list any skin problems pertaining to face or body: _____

Please list any medications and their use: _____

Do you have any metal implants (including braces?) YES NO Do you smoke? YES NO

Have you ever had chemical peels, microdermabrasion, laser, botox or resurfacing treatments? YES NO

Please list any skin problems pertaining to face or body: _____

Do you use, or have you in the last 6 months, Accutane, Retin-A, or any prescribed topical treatments? _____

Contraindications for massage. We can perform massage with your doctor's permission and/or instruction if any of the following conditions are either acute or chronic. Please check all that apply currently.

Fever Swelling/Inflammation (Gout, RA, Diabetes, Lymphedema, etc.)
 Tumors/Cancer Skin Damage/Infection/Burns
 Shingles Nerve Damage (Neuritis, Bell's Palsy, Parkinson's, etc.)
 Recent Operations/Acute Injury Bleeding Disorders (clots, hemophilia, etc.)
 Contagious Diseases (Hepatitis, HIV, Etc) Please name: _____

Conditions for special consideration for massage. Please check all, past or current, which apply to you:

Fibromyalgia Osteoporosis Stroke
 Heart Disease Arthritis Diabetes
 Disc Herniation High/Low BP Cancer/ Tumor
 Digestive Conditions Open Cuts/ Sores Joint Replacement
 Skeletal Injury/ Dysfunction Varicose Veins Neurological Problems
 Psoriasis Pregnant/Breastfeeding Contact Lenses
 Metal Implants Other _____
 Traumatic event or experience that may affect your ability to receive touch _____

To be answered by massage clients only:

When was your last massage? _____

What do you expect/hope to gain from your session today?

What are your focus areas for your massage? _____

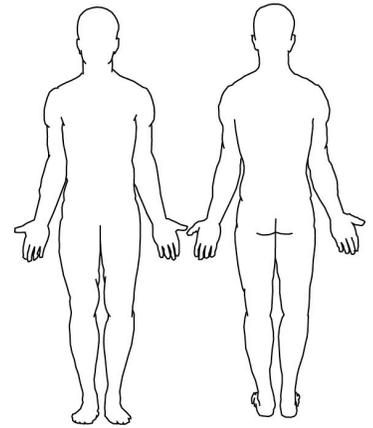
What is your pressure preference? _____

Are there any areas of your body you would NOT like massaged? Check all that apply.

Face Scalp Ears Hands Feet

Belly Glutes Pecs Other _____

Is massage part of your lifestyle or a luxury for you?



Please mark the image to the right to indicate your areas of tension or discomfort.

Consent

I affirm that I have stated all my known medical conditions and have 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 understand that service is provided for the purpose of relaxation/relief of muscular tension and is NOT a substitute for medical examination, treatment, or diagnosis. I understand that massage/aestheticians/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. I will seek the advice of a medical professional where needed.

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.

All services are non-sexual. 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.

Understanding all of this, I give my consent to receive care.

I understand Wellville requires a 24 hour notice for all reschedules and cancellations with the only exception being medical emergencies for me or a member of my immediate family. Missed appointments will be charged at 50% of the scheduled service. I accept payment for missed appointments if I fail to provide the required notice.

I have received and reviewed the Notice of Privacy Practices and Policies from Wellville Massage and Healing Arts.

PRINTED NAME _____ D.O.B. _____

SIGNATURE _____ DATE _____