

HEALTH UPDATE

Client Name (please print) _____ Date _____

Health Information Updates

Have there been any changes since your last visit?

Contact Information (address, phone) _____

Health (illness, injury, surgery, pregnancy) _____

Medications _____

Massage

When was your last massage? _____

What was it for? _____

What was the outcome? _____

What are your goals for massage today? _____

Current Symptoms

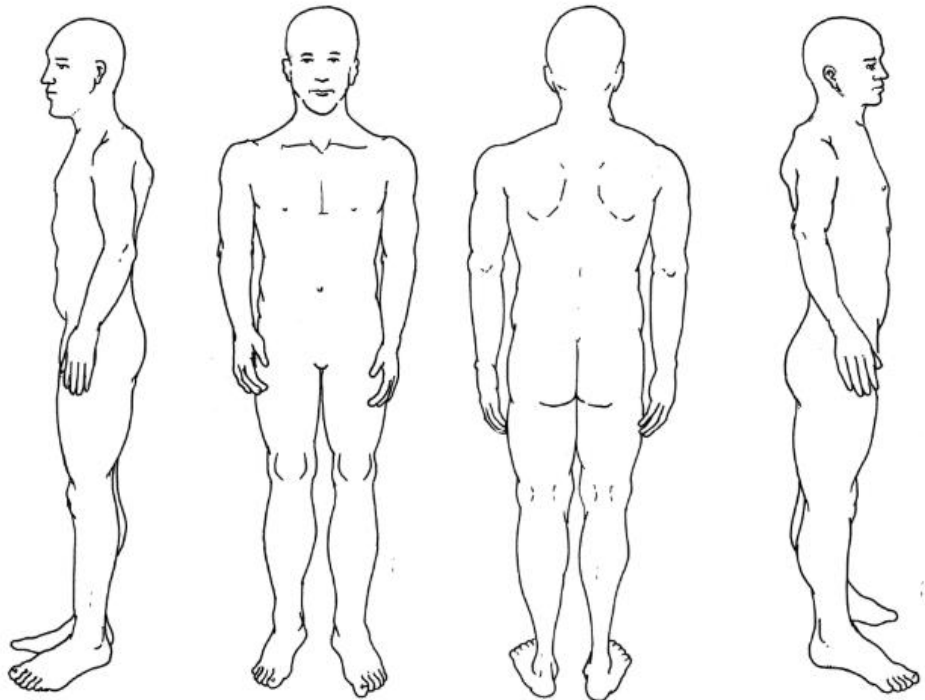
Location and Type: Draw circles on the figures below to indicate the location and size of your current symptoms. Write the appropriate letters in the circles to indicate the type of symptoms.

P = pain or tenderness

S = stiffness

T = tension

N = numbness or tingling



Intensity: Place a line on the scale to indicate your current levels of pain and activity restriction.

No pain ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

Extreme Pain

Can Do Everything ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

Can't Do Anything

Comments _____

Consent to Treatment

I verify that all of the information provided is correct and current to the best of my knowledge. I understand the following:

1. I understand that massage body workers and holistic practitioners are not medical doctors and do not diagnose illness, disease, or any physical or mental disorder. I acknowledge that massage and alternative holistic therapies are not substitutes for medical treatment, and that Permanent Vacation Bodywork, "the company", recommends I see a primary healthcare provider for that service. I understand that it is my responsibility to communicate with my therapist if I have concerns or questions about my session. I do not have any injuries or conditions that would prevent me from receiving a massage, nor have I been told by a health care provider that I should not receive massages or alternative therapies.
2. I understand that massage therapy and body work services are a therapeutic health aid and are non-sexual. I understand my massage therapist reserves the right to end a therapy session in the case of sexual innuendo or advances from the client. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the massage, and I will be liable for full payment of the scheduled session.
3. Any information exchanged during a massage or body work session is confidential and is only used to provide me with the best health care services available. I understand that a massage therapist will ask me questions about my health and physical condition and that I am obligated to answer truthfully and honestly about my health history in full detail.
4. I understand that my feedback is essential in my treatment, and that if I experience any unusual discomfort and/or pain during my massage session, it is my responsibility to inform the therapist in order to enable the therapist to adjust the pressure or technique being used.
5. The therapist reserves the right to decline, discontinue, or restrict services based on any provided information that may indicate that massage therapy would put my health or the therapist's health at risk.
6. I acknowledge that I am responsible to be on time for my appointments and that the therapist is not under any obligation to extend my therapy session. I also agree that I am responsible to pay for the full time I have booked with the therapist if I am late. I understand that my appointment time is reserved for me only. If I miss an appointment or am unable to give twenty four (24) hours' notice when I need to change or cancel my appointment, I agree to pay the company in full for the booked appointment time. I further understand that I will be additionally charged \$30.00 for any returned checks.
7. I understand that massage therapy and body work are for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation and improvement of circulation and energy flow.
8. I understand that the practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform any spinal manipulations.
9. I understand that service offered today, and in the future, are not a substitute for medical care and that any information provided to me by the therapist is purely for educational purposes and is not diagnostically prescriptive in nature.
10. I have stated all of my known medical conditions on the Client Intake form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.
11. I understand that it is solely my responsibility to keep the therapist updated on any changes in my physical health and I further understand that the company and the therapist shall not be liable for any purpose and for any reason whatsoever, should I fail to do the needful as per this paragraph.
12. I have reviewed this form in its entirety and I have discussed all my concerns regarding my treatment with my therapist.

ACKNOWLEDGEMENT SECTION

CLIENT:

By signing this "Informed Consent and Waiver", I consent to receive therapy from Julie Mae LMT (Permanent Vacation Bodywork LLC) and hereby agree to all policies of Permanent Vacation Bodywork LLC, and waive and release Permanent Vacation Bodywork LLC and its entire staff, massage therapists, and body work practitioners from any and all past, present, and future liability, loss, cost, claim, or damage whatsoever which may be imposed upon the Company relating to massage therapy and body work; including but not limited to reflexology, acupressure, polarity therapy, energy therapy, Reiki, nutritional therapies, all forms of kinesiology, aromatherapy, craniosacral therapy, myofascial (structural) release therapy, trigger point therapy, stretching therapy, strength and condition training, among others. I further undertake to indemnify and hold Permanent Vacation Bodywork LLC harmless from any incident(s) arising from my use of the Permanent Vacation Bodywork LLC's services.

Client signature _____