



Client Intake and Consent Form

Thank you for taking a moment of your time to complete the following.

PERSONAL INFORMATION

Name: _____

Address: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Emergency Contact Name & Phone: _____

How did you hear about us? _____

MEDICAL HISTORY

Reason(s) for today's visit: _____

How long have you been experiencing the above? _____

If you have been treated by a medical professional for reason(s) noted above, please list whom you have seen, when, and what type of treatment prescribed: _____



List all medical conditions, past and present: _____

Are you currently pregnant? Yes No If yes, when is the EDD? _____

List all medications you are currently taking and for what? _____

List any surgeries, accidents, injuries, traumas (physical/emotional), etc.: _____

Massage, bodywork and somatic therapy practices are designed to promote and maintain the health and well-being of the client and do not include the diagnosis or treatment of illness, disease, impairment or disability. If I experience pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I affirm that I have informed the therapist of all my known medical conditions and will keep the therapist updated as to any changes in my medical condition.

To the best of my knowledge, the information I have provided is accurate and true. I understand that I am an active participant in my healing and it is my responsibility to provide accurate and timely feedback to my therapist regarding my response to treatment. I am aware that "tissue memory" may occur during and after treatment and that I am free to express emotions. I am aware that I may experience pain and/or soreness during as well as after my treatment and that this is part of my healing process.

By signing below, I acknowledge I have read and understand the above and consent to treatment.

Client Signature: _____ Today's Date: _____



Office Policies

We thank you for choosing our facility. Our goal is to help you lead a pain-free, active lifestyle. Outlined below are our general office policies which enable us to dedicate all our time and resources to helping you meet your treatment goals. We encourage you to contact us at any time with any questions, suggestions, concerns.

As a reminder, please avoid putting on any body lotion/oils prior to your treatment session. Myofascial Release is performed without use of creams to allow for sustained skin contact. Also, it is best to bring loose clothing to wear during treatment. Most clients choose to get treated in a two-piece bathing suit, shorts and tank top, or undergarments. Blankets and heaters are available for your comfort.

Payment Policy

Payment is due at time of treatment. We accept cash or check. Checks can be made payable to: Lauren DeLuca. With a doctor's prescription on file, we can provide an invoice for the client to submit to their insurance carrier or for tax deductions for out-of-pocket health care expenses. It is the responsibility of the client to verify insurance benefits and possible tax deductions.

Cancellation Policy

All treatment sessions are by appointment only. Your appointment is a specific block of time that is reserved for you. We recommend arriving at least 5 minutes prior to your scheduled appointment time. Late arrival for an appointment will result in a shortened session and full payment for the scheduled treatment will be charged. In cases where cancellations occur with less than 24 hours notice, a charge in the amount of 50% of the scheduled session fee will apply.

I have read and understand the office policies above.

Client Signature: _____ Today's Date: _____

Please Print Name Here: _____ Therapist Initials: _____