# Hands with Heart Therapeutic Massage Client Intake

| | |
|---|---|
| Name | Date |
| Phone | Occupation |
| Address | Email |
| City | State/Zip |
| DOB | Spouse Name |
| Emergency Contact | Phone |
| Physician Name | Phone |

The following information will be used to help plan safe and effective massage sessions. It will be kept confidential.

1. Have you had a professional massage before?
   What type? Deep tissue / Swedish / Sport / Other
2. How long since your last massage?
3. Do you have any restrictions laying on your - front / back / side?
4. Do you have sensitive skin?
5. Are you wearing - contact lenses / dentures / hearing aid?
6. Do you mostly stand / sit / both during the day?
7. Do you preform repetitive movements during the day?
8. Do you experience high stress?
9. Have you had an injury in the past?

10. Do you suffer from – muscle tension / anxiety / insomnia / irritability / depression?
11. Have you had surgery?

12. What are your goals for this massage session? Relaxation / maintenance / injury
    explain -

13. What type of touch do you prefer? Light/meditative – heavy/invigorating – deep/trigger point
14. List any medications

Musculoskeletal

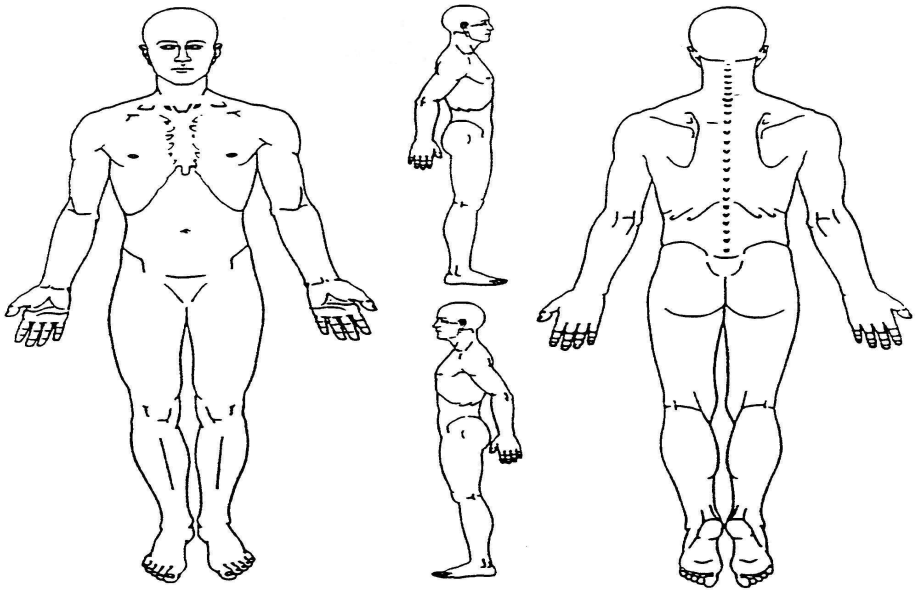
| | | |
|---|---|---|
| Bone or joint disease | Tendinitis/bursitis | Arthritis/gout |
| Tmj | Lupus | Spinal problems |
| Migraines | Osteoporosis | Rotator cuff |

Circulatory

| | |
|---|---|
| Heart condition | Varicose veins |
| Blood clots | High / low blood pressure |
| Lymphedema | Thrombosis / Embolism |

Nervous system

| | |
|---|---|
| Shingles | Numbness / tingling |
| Pinched nerve | Chronic pain |
| Paralysis | MS |
| Parkinsons | Other |



Shade in areas your feeling discomfort

Date _____

Signature _____

# Covid-19 Information and Liability Waiver
# ***signature required prior to appointment***

Due to the 2019-2020 Covid-19 outbreak, Jennifer Morse LMT, RM, MMT is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfection procedure in accordance with the Connecticut department of professional and occupation regulations guidance

Name

1. have you had a fever in the last 24 hours of 100 or above? Yes / No
2. do you now, or have you recently had, any respiratory or flue like symptoms? Yes / No
3. have you been in contact with anyone in the last days that has been diagnosed with covid-19 or has coronavirus type symptoms? Yes / No

**Consent for treatment**

I understand that, because massage therapy work involves maintained touch and close proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless Jennifer Morse LMT RM MMT from any claims related thereto. I give my consent to receive treatment from this practitioner.

- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled out of the country , or to any city that is considered a hot spot for COVID-19 in the past 30 days.
- I understand that Jennifer Morse can not be held liable for any exposure to the COVID-19 caused by misinformation on this form or the health history provided by each client.

Client Signature_____ Date_____

Parent or Guardian signature_____ Date_____

# Policies

### Cancellation Policy

Your therapy times are reserved exclusively for you. We value your business and ask that you respect the office scheduling policies. Should you need to cancel or reschedule, please notify us at least 24 hours in advance.

### Late Arrival Policy

All treatment sessions have a specific time schedule therefore we regret that late arrivals may not receive extension of scheduled appointments. In special cases, and when our schedule will allow, we may be able to accommodate a partial or full appointment. This will be at our discretion and only with proper, advanced notification of your late arrival.

### Sickness

Massage is not appropriate care for infectious or contagious illness. Please cancel your appointment as you are aware or any infectious or contagious condition.

- Guest accompanying those scheduled for services are discouraged.
- Each client is required to wash hands upon arrival and before leaving.
- Guest should wear masks and remain social distant with other guests unless medial conditions contraindicate that.

*Please let me know of any allergies or sensitivities to aromas or ingredients when you schedule your appointment.

### Scope of Practice

Massage Therapy is a profession in which the practitioner applies manual techniques, and may apply adjunctive therapies, with the intention of positively affecting the health and well-being of the client.

**Licensed Massage Therapists** do not diagnose or prescribe for medical conditions. Our therapist may refer you to a medical doctor for diagnosis or treatment. Our services are not intended as an alternative for proper medical attention for specific conditions. Please refer to a medical doctor for any specific condition which requires medical treatment.

### Respect for Client Needs and Boundaries

I am happy to adjust pressure, temperature, musical volume, work longer on an area or move on if you request it.

The client may choose to: leave on as much clothing as needed for comfort, refuse any massage methods, stop massage at any time.

The client will always be modestly draped. Only the area being massaged will be undraped. The clients will be kept informed of the area to be massaged.

Sexual interaction or discussion of any kind between the client and the massage therapist is NEVER appropriate.

### Confidentiality and Conversation

We treat all client visits and conditions as confidential. As such, we will not discuss your visit with anybody outside of our staff without your express permission.

Please  refrain from loud conversation because of the need to maintain a quiet and relaxed environment for ourselves during our scheduled session, as well as for the benefit of other customers that are receiving massage sessions at the same time.

You may choose to talk not talk during the massage. Conversation will be guided by the client’s direction.