



Sierra Nevada Holistic Services, LLC ("SNVHS")

407 W. Robinson St.
Carson City, NV 89703
775-720-2563

Massage/Energy Client Intake Form

Patient Name: _____

Date of Birth: ____/____/____ Age: ____ Male Female Gender Neutral

Address: _____

City: _____, State _____ Zip: _____

Telephone: () ____ - _____ Email address: _____

Occupation: _____ Employer/School _____

Emergency Contact: _____ Telephone: () ____ - _____

Marital Status: Single Married Separated Divorced Widowed Domestic Partner

Spouse/Partner's Name: _____

Children (ages, names): _____

Whom may we thank for referring you to our office? _____

MEDICAL HISTORY AND MEDICAL INFORMATION

Please take a moment to carefully read the following information and sign/initial where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to services being provided.

What are your goals of massage therapy? _____

Last professional massage or bodywork session/treatment? _____

What type of pressure for massage is preferred? Light Moderate Deep Mixed

Same pressure on whole body? YES NO

Any allergies to lotions, oils, or essences? YES NO What? _____

Any areas to avoid either for personal or medical reasons? _____

Are you able to lay face down without difficulties? YES NO _____

Are you currently under the care/supervision of a physician and/or alternative medicine provider (ex. Chiropractor, Oriental Medical Doctor, Medical specialist)? YES NO

May we contact them to coordinate care, if necessary? YES NO

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Please list any and all medications (prescribed OR over-the-counter), herbs, supplements, and vitamins that you are currently taking:

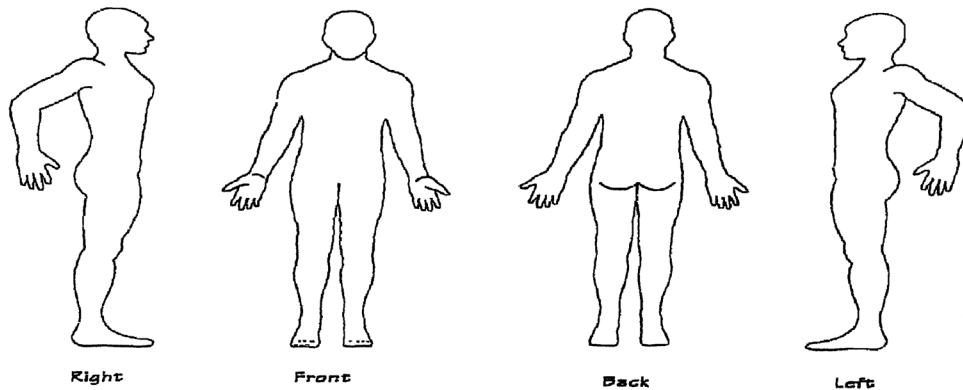
Please mark an (X) by all current conditions and (P) for all past conditions

- | | | |
|---|--|---|
| <input type="checkbox"/> Abdominal/digestive problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Drugs/Alcohol Use | Weeks/Trimester: _____ |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Rash/fungus |
| <input type="checkbox"/> Arthritis/tenonitis | <input type="checkbox"/> Headaches, migraine | <input type="checkbox"/> Sexual issues |
| <input type="checkbox"/> Asthma or lung cond. | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Sinus problems |
| <input type="checkbox"/> Athlete's foot | <input type="checkbox"/> Hernia | <input type="checkbox"/> Sleep difficulties |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Spinal disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Jaw pain/TMJ pain | <input type="checkbox"/> Sprain/strain |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Muscle/bone injuries | <input type="checkbox"/> Tension/stress |
| <input type="checkbox"/> Circulatory/heart Problems | <input type="checkbox"/> Muscle/joint pain | <input type="checkbox"/> Thyroid (High/Low) |
| <input type="checkbox"/> Cholesterol issues | <input type="checkbox"/> Numbness/tingling | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Constipation/diarrhea | <input type="checkbox"/> Pain (Chronic or Acute) | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Depression | | <input type="checkbox"/> Other _____ |

Please list any recent injuries or surgeries within the past 5 years:

Please list your stress-reduction activities, hobbies, exercise and/or sport participation:

Please indicate areas you experience pain/discomfort:



SNVHS Massage/Bodywork Consent & Release of Liability Form

I understand the massage/bodywork I receive is for the purposes of stress reduction, relief from muscular tension/spasm(s)/pain, and to increase circulation. If I experience any pain, discomfort or become uncomfortable with the treatment being provided, I will immediately inform my massage therapist to adjust the pressure and/or change of methods to adjust to my comfort level. I understand my massage therapist (if also mid-level provider) does diagnose illness or disease, and does prescribe medications/treatments; however, these services are not allowed during a massage session and can be scheduled with the mid-level provider at another session. I also understand my massage therapist does not perform any spinal manipulations. Any conversation in the course of the massage session should not be construed as diagnosis/prescription or medical advice. I acknowledge my massage therapist/bodyworker is not a replacement for medical examination, diagnosis or treatment. I will see my medical provider for these services. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and have answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

I understand the treatment of massage/bodywork may result in illness, personal injury, and even death. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN. In the event of injury, illness, disablement or death either directly or indirectly as a result, in whole or in part, of the aforesaid therapy, I agree on behalf of myself, my heirs, executors, administrators and assigns to forever waive, indemnify and hold harmless, release and discharge SNVHS, the massage therapist, their principals and agents from any and all claims, damages, demands, right of action or causes of action, either present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of any relationship, interaction or transaction in any way connected with the massage/bodywork therapy.

Body parts that may be massaged included the face, neck, shoulders, back, arms/hands, buttocks, hip flexors, legs (front and back), pectorals, abdominals, ribs and feet. The massage therapist will not engage in breast massage unless requested by the client and a signed consent is in place. Genital massage is illegal in this establishment. Standard draping will be used, unless otherwise agreed upon by the therapist and the client. Sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. The session will be terminated immediately, and the client will be responsible for the cost of the session in full.

Initials: _____

Cancellation and Late Fee Policy

Your business is valued, and your cooperation is appreciated. We make a commitment to you to guarantee your appointment time and refuse all other's requests once you have made the appointment. A 24-hour cancellation notice is required for any scheduled appointments. Missed or no-call/no-show appointments will result in you being charged the full amount of the session booked, unless the session spot can be filled. Depending upon the day's booked schedule, being late to the appointment may still receive services, but at a pro-rated time frame for the remaining scheduled appointment time and will still be charged the full amount of the session originally booked. Emergency cancellations are determined the massage therapist's discretion. All fees will need to be paid PRIOR to your next appointment. If no-shows or late cancellations happen more than twice, you may be asked to pay for your session in advance. Fees must be paid by cash or credit card.

Initials: _____

Consent to Treat a Minor/Dependent

By my signature below, I hereby authorize a NV State Licensed Massage Therapist at SNVHS to administer bodywork to my child/dependent, as they deem necessary.

Guardian Signature: _____ **Date:** _____

Your signature and initials indicate you have read and agree to the terms listed herein.

Signature: _____ Date: _____

Therapist Signature: _____ Date: _____