

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

What are your goals for today's session?

Have you ever had professional therapeutic massage or bodywork before? If yes, what kind?

*Medical History*

List any relevant injuries and/or surgeries (include any falls or seemingly minor accidents resulting in pain or decreased use of your body)	List any medical conditions, including infectious diseases
List any current medication(s)	Please describe any allergies to scents, lotions, oils, or latex
What are your typical areas of discomfort, stress, or tension?	What helps your pain or discomfort?

**Informed Consent**

*By signing this form, you acknowledge you have received and understand Heartwood Therapeutic Massage's policies and procedures form. You agree to adhere to late, cancel, and no-show policies. You further agree that you have provided the therapist with all current, relevant medical information, and that you release the therapist from any liability for harm or injury resulting from a failure to provide such information. You assume responsibility for apprising your therapist of any relevant changes in health and/or medical treatment over the course of the therapeutic relationship so that it may be logged appropriately in our records. This is a professional, therapeutic massage and any sexual or otherwise inappropriate behavior will not be tolerated. I understand that the massage therapist is providing massage therapy services within their scope of practice as defined by the State Medical Board of Ohio. I have read the above noted content and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.*

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Policies & Procedures**

### *Scope of Practice*

I am a licensed professional and held to the highest standards of the American Massage Therapy Association. Massage therapy is a profession in which the practitioner applies manual techniques with the intention of positively affecting the health and well-being of the client. Massage therapists do not diagnose or prescribe for medical conditions nor are they allowed to provide treatment for a specific condition without a doctor's supervision. The massage therapist is required to refer you for diagnosis and to follow recommendations of your physician.

### *Appointment Information/Rescheduling Policy*

Please arrive a few moments before your scheduled time to prepare for service. This allows for a relaxed and unhurried experience. If late arrival is inevitable, please call or text me at 937-545-7839 and let me know. Because massage sessions are offered with time, intention, and dedication from your therapist, there is a cancellation policy in place. I ask that you give at least 48 hours' notice if you are needing to reschedule your appointment. To do so, you may call or text 937-545-7839 or email [heartwoodlmt@gmail.com](mailto:heartwoodlmt@gmail.com). When the appointment is rescheduled, that session requires pre-payment, and when an appointment is cancelled, the following session requires pre-payment.

### *Draping Policy*

You will be asked to undress to your comfort level. During massage sessions, clients are covered and draped with sheets and towels, only uncovering the body part to be worked on. If you feel unsafe with this draping style, it will be adjusted to your comfort level. The goal here is to allow you to feel safe and warm. The genitals are never exposed or massaged.

### *Communication*

During sessions, clients are encouraged to relax and inform the practitioner if anything makes them uncomfortable, either physically or psychologically, so adjustments can be made. Whether you'd like to converse during session or experience a meditative state of being with conversation saved for afterward, you as the client will determine the level of conversation, with the therapist following suit.

### *Respect for Client Boundaries*

I am happy to adjust pressure, musical volume, work longer on an area, or move on if you request. The client may choose to: leave on as much clothing as needed for comfort, refuse any massage methods, stop massage at any time and is free to leave; the therapy door is never locked. 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.

### *Professional Boundaries*

The practitioner will not engage with any client in intimate social or personal relationships. Personal and professional boundaries are respected at all times. The practitioner only performs services for which she is qualified professionally, physically, and emotionally. Referrals to the appropriate specialists are made when working with the client is not within the scope of practice of the massage therapist or not in the client's best interest. All client information is held confidential. I do not massage anyone under the age of 18 unless the parent or guardian is in the room and signs their form. All clients are treated with respect regardless of their age, gender, race, abilities, color, body type, culture, national origin, sexual orientation, religion, socioeconomic status, educational status, political affiliation, state of health, or personal habits.

### *Sexual Harassment*

There is zero tolerance for sexual harassment in my massage practice. Requests for sexual activity will not be tolerated, will be viewed as solicitation, and reported to the proper authorities under the guidelines of the massage therapy policies and procedures. The client will not be rescheduled if this occurs.

### *Client/Practitioner Expectations*

- Massage sessions are by appointment only.
- Privacy and confidentiality will be maintained at all times.
- A client/practitioner Informed Consent Agreement must be read and signed, and the client will be provided with a written copy of the massage policies prior to the first session.
- Not every muscular issue you have may be addressed during a given session, but I strive to improve your overall well-being while working with you toward your treatment goals by the time your session is complete.
- Your practitioner reserves the right to refrain from performing massage on clients who appear under the influence of alcohol or drugs.
- Clients must inform the practitioner of any prescription medications being used and for what reason.
- It is the responsibility of the client to keep the massage therapist informed of any medical treatment currently being taken.
- The client must also keep the massage therapist informed of any changes in health conditions.
- Please, refrain from smoking immediately prior to the session. I reserve the right to refuse treatment to any client who has an overabundance of nicotine odor on their skin.