

CLIENT INTAKE FORM

CONTACT INFORMATION

Name _____ Phone _____

E-mail _____

Address _____

Emergency Contact _____ Phone- _____

CURRENT HEALTH

Current Medications: _____

Do You Have:

Blood Clots/Phlebitis

Skin Condition

Whiplash

Infections/Contagious Disease

Disc Injuries

Fever

Circulatory Condition

Pregnancy

Kidney Failure

Allergies/Sensitivities to Oils/Scents

Explain: _____

Please list all other current surgeries, injuries, or major illnesses/medical conditions:

CHIEF CONCERN

Reason for today's visit: _____

Are there any areas you would like omitted from the massage?: _____

PREVIOUS HISTORY

Please list all prior surgeries, injuries, and major illnesses/medical conditions:

CLIENT INTERACTION POLICY FORM

CONSENT FOR CARE

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination, or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

Print Name: _____ Date: ___/___/___

X Signature: _____

LATENESS/CANCELLATION POLICY

I understand that a situation may arise where it becomes necessary for you to be late or cancel an appointment. In fairness to all of my clients, I have arrived at the following policy in regard to cancellation:

24 hours advanced notice- no charge
Less than 24 hours notice- full fee charged *

In the event of lateness, the client is financially responsible for the full session based on the time booked for the appointment. * Emergency cancellations are determined at the therapist's discretion. I understand and accept the conditions concerning lateness and cancellation.

Print Name: _____ Date: ___/___/___

X Signature: _____

**NIKKI YARNELL, L.M.T.
IS LICENSED, INSURED AND PROTECTED UNDER
THE AMERICAN MASSAGE THERAPY ASSOCIATION**



MY REQUIREMENTS OF CLIENTS:

- 1) Sessions begin and end at scheduled times. Session begun late due to the client arriving late end at the appointed time and are at full price.
- 2) Client is not under the influence of alcohol or recreational drugs.
- 3) Clients provide a full health history and update when necessary.
- 4) If cancellation is necessary, please give 24 hours notice or you will be charged for the appointment time unless it can be filled. Emergency cancellations are determined at the therapist's discretion.
- 5) Payment is due at the time of service. I accept cash or checks made to cash. I do NOT accept credit cards or direct billing for insurance although I will gladly assist with the necessary insurance forms.
- 6) Sexual harassment is not tolerated. If the therapist's safety is compromised, the session is stopped immediately.
- 7) The treatment area is a non-smoking environment.
- 8) Please wash up beforehand if you are coming straight from working out or are overheated and please be smoke-free.
- 9) Do not eat a heavy meal less than 2 hours prior to treatment.
- 10) Please speak up if I am not properly addressing your concerns in the session.

We, _____ (client's name) and Nikki Yarnell, agree to adhere to the specified policies. If for some reason the client can not adhere to the policies stated above, the therapist will discuss a course of action that may result in a right to refuse treatment of the client.

Print Name: _____ Date: ___/___/___

X Signature: _____

WHAT CLIENTS CAN EXPECT FROM ME:

- 1) I provide my clients with a competent and professional service each time they come for an appointment, addressing each client's specific needs for that session.
- 2) Clients are treated with respect and dignity.
- 3) I charge a fair price for my services.
- 4) I perform services for which I am qualified and able to do and refer to appropriate specialists when the work is not within my scope of practice and/or within the client's best interest.
- 5) I keep accurate records and review your file before our appointment.
- 6) I customize my treatment to meet the client's needs.
- 7) I stay current with relevant health and massage information and techniques.
- 8) I respect all clients regardless of their age, gender, race, national origin, sexual orientation, religion, socioeconomic status, body type, political affiliation, or state of health.
- 9) Privacy and confidentiality are maintained at all times.
- 10) If I need to cancel an session, I do so within 24 hours whenever possible. If an emergency arises and I cannot keep an session, I provide a 50% discount on the next session.
- 11) My equipment and supplies are clean and safe.
- 12) Personal and professional boundaries are respected at all times.
- 13) Clients are draped with a sheet at all times during the session. Only the part of the body being worked on is exposed at that time. The genitals are never exposed or massaged.
- 14) The client determines which pieces of clothing to remove.
- 15) The client determines which areas not to treat.
- 16) The therapist discusses what is most helpful for the specific treatment, however, the client makes the final decision.

Nikki Yarnell, L.M.T: _____ Date ____/____/____