

Turtle Dance Bodywork Client Health History Form

Name _____ Date _____

Address _____ Home Phone _____

Work Phone _____

City _____ Email _____

State _____ How did you hear about us? _____

Zip Code _____

Occupation _____ Male/ Female _____ Date of Birth _____

What specific condition(s) caused you to seek therapy today? _____

Have you ever had therapeutic massage before? **Yes No Many Times**

What physical activities do you do on a daily or weekly basis? _____

Please circle any painful or tense areas/regions where you tend to hold your stress:

Head/face Low back Shoulders Neck Abdomen Legs/feet Arms/hands

Mid-back Other _____

Are you currently under a physicians care? **Yes / No** For what condition? _____

Do you take medication for this condition? **Yes / No**

List any medications you take _____

(Prescription or "over the counter" – including aspirin, NSAIDs, etc)

Do you take any medications/drugs that alter sensation (e.g. pain meds, muscle relaxants, alcohol or any depressants or stimulants)? _____

Please circle any of the following health issues that you have had *in the past year*.

Allergies _____

Angina Fibromyalgia Irritable Bowel Syndrome Stroke Asthma Heart Disease

Insomnia Surgery Blood Clots Hepatitis Migraines/Headaches

Varicose veins Cancer Herpes Simplex Phlebitis/Thrombosis

Whiplash Carpal Tunnel Syndrome Hospitalization Pregnancy

Communicable Diseases Hypertension Repetitive Strain Injuries Disc Problems

Immune System Conditions Sciatica Other _____

Please carefully read the following information, then sign below.

I understand that the massage/ bodywork I receive from Turtle Dance Bodywork is provided for the basic purpose of relaxation and relief of muscular tension. If I experience pain or discomfort during a session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment, and that I should see a physician, chiropractor or other qualified medical specialist for any medical or physical condition of which I am aware. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in course of the session should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. All client information shall be held in strictest confidence except where required by law.

Client Signature _____

Date _____

Turtle Dance Bodywork Company Policies

Please read carefully! By scheduling an appointment, you automatically agree to the following policies. You will be asked to sign a copy of these policies before your first session.

1) New Cancellation Policy

24-hour advance notice is required for cancellations and schedule changes (including no- shows). Home visits require 48 hours notice.

Clients who miss, cancel or reschedule within the time frames listed have two options:

- a) Pay for the session
- b) Provide us with contact information for 3 friends/ associates to whom we can send an introductory gift. This will include a gift certificate for massage, along with other promotional items.

2) Late Arrival

It is each client's responsibility to be on time. If the client realizes they will be late, we ask that they contact us as soon as possible. We will make every effort to provide as much time as possible. If they are very late, we will use the remaining time to address the most pressing issues. **The regular session fee applies.**

Calls for late arrival must be made no later than the first 15 minutes after the scheduled appointment time, otherwise they will be considered a no-show. Please understand that failure to arrive, or cancelled or shortened appointments without proper notice will be charged the full cost of the original session.

3) Payment

Payment is required at or before the time of the session. Cash, checks Mastercard and Visa are acceptable forms of payment.

4) Returned Checks

Checks returned for insufficient funds will be assessed a \$20.00 fee for processing.

5) Intake Form

The information supplied on the intake form must be complete and accurate to the best of the clients' knowledge. That information, as well as the notes made by the therapist regarding each session, are confidential and will be kept secure except as required by law, or by prior written consent of the client. In order to reduce time doing paperwork during your appointment, a PDF file has been set up for downloading from the website.

6) Health Status

It is very important to inform the therapist of any change in health status; physical, mental, or emotional, before the next appointment so that we can plan the session accordingly.

7) Goals

Before each session, we will discuss the goals for the session and together, we will plan a course of treatment that is subject to the client's approval. Sessions are 60 minutes and 90 minutes, including time for consultation. In the event the client is late, the consultation is still important, particularly on the first visit. We will make every effort to be as efficient as possible to minimize the impact on session time.

8) Intoxication

Intoxication of any kind is a contraindication to bodywork. If a client shows up for an appointment under the influence of any substance, the session will be terminated and they will be responsible for full payment.

9) Draping

To maintain an atmosphere of professional integrity, and to comply with Massachusetts state law, the client will always be appropriately covered (or draped) with a sheet or towel. The client will leave the draping securely in place.

Please call/email us at any time with any questions, comments, or concerns that you have, either pre- or post- session, and we will answer them to the best of our knowledge. If we miss your call, please leave a voice mail and we will return your call as soon as possible.

I have read, understand and agree to abide by the policies stated above

Signature _____ Date _____