Sierra Nevada Holistic Services, LLC ("SNVHS")

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

Therapeutic & Medical Bodywork 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 the session? _____

Last professional massage or bodywork session/treatment? _____

What type of pressure 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***

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

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

_____

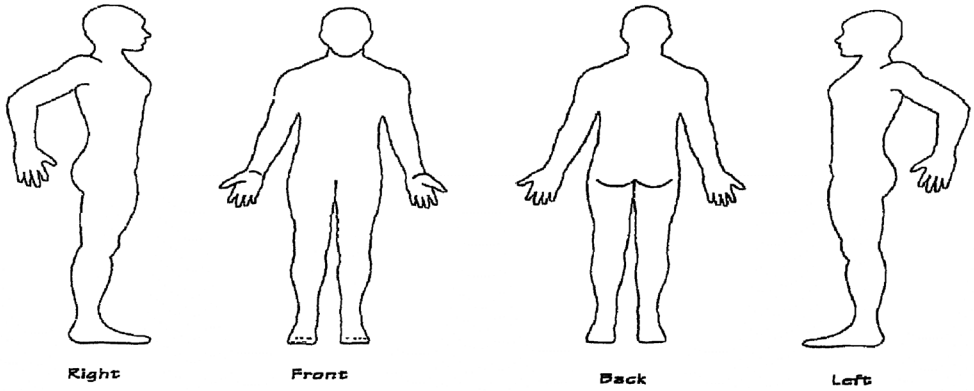
_____

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 therapist to adjust the pressure and/or change of methods to adjust to my comfort level. I also understand my massage/bodywork therapist does not perform any spinal manipulations. I acknowledge my therapist/bodyworker is not a replacement for medical examination, diagnosis or treatment; however, I understand my therapist (if a mid-level provider) does have the ability to diagnose illness/disease and prescribe medications/treatments. I understand I have the option to see my medical provider for these services. Treatment planning and advanced treatments (i.e., injections) shall be discussed and informed consent obtained prior to treatment. 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/bodywork 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/bodywork 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/bodywork 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; advanced bodywork involving the pubic or pelvic floor area shall only be done by a mid-level medical provider. 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 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: _____