

Client Health Form

Name _____ DOB _____ Gender: _____

Address _____ City _____ State _____ Zip _____

Phone _____ e-mail _____

Would you like to receive notice of the following? e-news | discounts | appointments by email / text

Massage, bodywork and energywork for the most part are safe; however, there are some conditions and medications that may have serious implications for a client or practitioner, others require changes in techniques, and some have few or no implications. By providing the information below, the practitioner can plan a session that is both safe and effective.

Please list reason(s) for taking any Over the Counter or Prescription Medication(s) _____

Please "X" any condition that applies to you

- | | | |
|--|---|---|
| <input type="checkbox"/> Alcohol (daily / social) | <input type="checkbox"/> Epilepsy / Seizures | <input type="checkbox"/> Sores / Open Wounds: _____ |
| <input type="checkbox"/> Allergies, specify: _____ | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Stroke / Heart Attack: _____ |
| <input type="checkbox"/> Arthritis (RA or OA) | <input type="checkbox"/> Herpes, specify: _____ | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Athlete's Foot: _____ | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Varicose Veins: _____ |
| <input type="checkbox"/> Blood Clots: _____ | <input type="checkbox"/> Kidney: _____ | <input type="checkbox"/> Vertebrae (spine) _____ |
| <input type="checkbox"/> Blood Pressure: (High or Low) | <input type="checkbox"/> Long covid: _____ | <input type="checkbox"/> Warts: _____ |
| <input type="checkbox"/> Bone, specify: _____ | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Recent accident, injury or illness |
| <input type="checkbox"/> Bronchitis: _____ | <input type="checkbox"/> Lymphedema | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Bruising: _____ | <input type="checkbox"/> Migraine, frequency, pattern _____ | |
| <input type="checkbox"/> Bursitis _____ | <input type="checkbox"/> Numbness / Tingling: _____ | |
| <input type="checkbox"/> Cancer ***see oncology addendum | <input type="checkbox"/> Pain: _____ | |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Pregnant, _____ months | |
| <input type="checkbox"/> Depression / Anxiety | <input type="checkbox"/> Shingles | |
| <input type="checkbox"/> Diabetes: (type I / II) | <input type="checkbox"/> Skin, specify: _____ | |
| | <input type="checkbox"/> Smoke, specify: _____ | |

Practice Policy

General Etiquette

Kindly silence mobile devices prior to your quiet and timely arrival (no more than 5-mins prior). Please refrain from wearing scented products that linger or items that may stain the linens. Disposable face cushion covers are available by request for those wearing face makeup. Advanced notice of late arrival is appreciated; however, time extensions are not typically an option in the schedule.

Rescheduling Etiquette

I operate by appointment only, providing the exclusive time you desire. Please be as courteous in respecting my time, as I respect yours. It is understood mishaps happen; however, continued success is greatly dependent upon each appointment set. 2 weeks' notice is appreciated when rescheduling; however, at a minimum, 48-hrs notice is necessary to avoid being charged in full for the time set aside exclusively for you.

Payment Etiquette

At time of scheduling payment requests are customary for some appointments -- funds are registered as a dollar amount gift certificate. It is also customary to submit payment by Visa, MasterCard, American Express or Discover when confirming your appointment. Cash is gladly accepted. Your financial obligation for the block of time you reserved remains should you arrive late, not show up, cancel or reschedule without, at a minimum, 48-hrs notice.

Gift Certificate Etiquette

Gift Certificates may be redeemed toward studio therapies or classes, not for cash or mobile services. A valid gift certificate number must be presented at time of service. I am not responsible for lost, stolen, or fabricated gift certificates.

Client Health Form

Client Consent

If I, _____, Client, please print your name here _____, the client, experience any 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 the therapies received here should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified specialist for any mental or physical ailment of which I am experiencing. I understand the practitioner is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of a session should be construed as such. Because certain therapies should not be performed under certain conditions, I affirm I have stated all my known medical conditions and answered all the practitioners questions honestly. I further agree to keep the practitioner updated as to any changes and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination and I will be responsible for payment of the appointment.

Understanding and agreeing to all of above, I give my consent to receive care.

Client Signature: _____ **Date:** _____

Clients under the age of 18 accompanied by an authorizing parent or legal guardian.

By signing below, I consent to and will be consciously present for the care of my child or legal dependent.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

- ✓ Please arrive 5-mins early with this Registration form
- ✓ A minimum of 48-hrs notice is needed to avoid being charged in full
- ✓ RehabExperts Massage Therapy, 15 Money Hill Rd, Chepachet, RI
- ✓ **401-569-8080**