

Personal Information

Client Name: _____

Today's Date: ____/____/____

Date of Birth: ____/____/____

Address: _____

Phone Number: (____) _____

Email: _____

Emergency Contact: _____

Emergency Contact Number: (____) _____

Physician/Health Care Provider Name: _____

Physician/Health Care Provider Phone Number: _____

Would you like to be added to my monthly email newsletter mailing list? Y N

How did you hear about me? _____

Is this massage/bodywork medically necessary (is it for a medial condition, injury, or surgery)? Y N

Do you have a physician referral/prescription? Y N

Are you seeking insurance reimbursement? Y N

Type of insurance coverage for this claim: Car Collision Worker's Compensation

Massage Information

Have you ever received professional massage/bodywork before? Y N

How recently? _____

What types of massage/bodywork do you prefer? _____

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork?

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with daily activities? (e.g., sleep, work, childcare)? Y N

Explain: _____

Please list any medications you currently take: _____

Are you wearing contacts? Y N

Are you wearing dentures? Y N

Are you wearing a hairpiece? Y N

Are you pregnant? Y N

Health History

Have you had any injuries in the past that may influence today's treatment?

Please circle any of the following health conditions that you currently have (if you are unsure, please ask):

blood clots, infections, congestive heart failure, contagious diseases, pitted edema

Please answer honestly as massage may not be indicated for the above conditions.

Please indicate conditions that you have or had in the past. Explain in detail, including treatment received:

- | | | | |
|---------|------|---|-------|
| Current | Past | Muscle or joint pain | _____ |
| Current | Past | Muscle or joint stiffness | _____ |
| Current | Past | Numbness or tingling | _____ |
| Current | Past | Swelling | _____ |
| Current | Past | Bruise easily | _____ |
| Current | Past | Sensitive to touch/pressure | _____ |
| Current | Past | High/low blood pressure | _____ |
| Current | Past | Stroke, heart attack | _____ |
| Current | Past | Varicose veins | _____ |
| Current | Past | Shortness of breath, asthma | _____ |
| Current | Past | Cancer | _____ |
| Current | Past | Neurological (e.g. MS, Parkinson's, chronic pain) | _____ |
| Current | Past | Epilepsy, seizures | _____ |
| Current | Past | Headaches, migraines | _____ |
| Current | Past | Dizziness, ringing in the ears | _____ |
| Current | Past | Digestive conditions (e.g. Crohn's, IBS) | _____ |
| Current | Past | Gas, bloating, constipation | _____ |
| Current | Past | Kidney disease, infection | _____ |
| Current | Past | Arthritis (rheumatoid, osteoarthritis) | _____ |
| Current | Past | Osteoporosis, degenerative spine/disk | _____ |
| Current | Past | Scoliosis | _____ |
| Current | Past | Broken bones | _____ |
| Current | Past | Allergies | _____ |
| Current | Past | Diabetes | _____ |
| Current | Past | Endocrine/thyroid conditions | _____ |
| Current | Past | Depression, anxiety | _____ |
| Current | Past | Memory loss, confusion, easily overwhelmed | _____ |

Comments:

Consent for Treatment

If I experience any pain or discomfort during this 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/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 mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments and are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given 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. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I have read the above agreement. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: ____/____/____

Parent/Gaurdian Signature (in case of a minor): _____ Date: ____/____/____

Pursuit Institute Participation Agreement:

It is expressly agreed that the use of Pursuit Institute facilities, participation in Pursuit Institute-sponsored activities or events, and transportation provided by Pursuit Institute shall be undertaken by a member or guest at his/her own risk, and Pursuit Institute and its owner, affiliates and their directors, officers, employees, agents, independent contractors, and representatives shall not be liable for any injuries or damage to any member or guest, or the property of any member or guest, or be subject to any claim, demand, injury, or damages whatsoever. I understand that Katie Rau is an independent contractor and is not a Pursuit Institute employee, therefore she does not represent Pursuit Institute. I agree that Pursuit Institute will not be held accountable for any and all actions of Katie Rau. I further understand that any issues that come up between her and I are not the responsibility of Pursuit Institute and should be resolved without Pursuit Institute's involvement. Exceptions include: if any actions violate local, state, or federal laws AND/OR if there are any claims of abuse or molestation. I agree to report either of these cases to Pursuit Institute, in which case local authorities will be notified. I understand that I may only access and use the Pursuit Institute facilities when Katie Rau is present, however, I understand that using the fitness area is off limits unless I become a client of a personal trainer at the facility. All offerings that take place within Pursuit Institute will be recorded by security cameras, with the exception of activities taking place in the massage therapy rooms and locker rooms. I understand that I may come in 15 minutes prior to my appointment time and stay 15 minutes after my appointment has ended providing that Katie Rau is present. I agree to not bring any food or beverages into the massage therapy room with the exception of water. I understand that lockers are for temporary use only and any items left in them overnight will be taken and put in the lost and found. I agree to refrain from bringing any drugs, alcohol, tobacco, or firearms on the premises. I understand that any violation of this agreement or any disruptions to Pursuit Institute's operation by myself can result in termination of contract and/or denial of access to Pursuit Institute.

I have read the above agreement and agree to the terms of participation in Pursuit Institute.

Client Signature: _____ Date: ____/____/____

Parent/Gaurdian Signature (in case of a minor): _____ Date: ____/____/____



Late Arrival, Rescheduling, & No Show Policy

I understand your time is valuable. I will make every effort to remain on schedule, and to notify you as soon as possible if your appointment should happen to be delayed or cancelled. I also look to you to remain prompt and assist me by adhering to the following policies:

Please arrive on time to your scheduled appointment so that I can give you the full length of your massage. If you arrive late to your appointment, I reserve the right to end your session at the scheduled end time, meaning your session will unfortunately be shorter for that day. Further, I reserve the right to hold you responsible for 100% of the payment for your scheduled session if your massage is ended early due to this circumstance.

If you wish to reschedule or cancel your appointment with me, please call me to let me know by 8 a.m. on the day of your appointment. If you do not notify me by this time, I reserve the right to hold you responsible for 50% of the payment for your scheduled session. Further, I will not schedule a future appointment with you before receiving this payment.

If you do not show up for your scheduled appointment time and have not called to inform me of this change in schedule before the time of your appointment, I reserve the right to hold you responsible for 100% of the payment for your scheduled session. Further, I will not schedule a future appointment with you before receiving this payment.

Note: Please be aware that massage is not appropriate if you are experiencing a fever or any type of viral infection beyond a common cold, and you should call to reschedule your appointment. If you are experiencing a cold, massage is highly likely to push the illness through your body faster. This means you may be ill for a shorter amount of time, however your symptoms will be intensified and therefore your daily activities may be compromised. If you do decide to receive a massage while experiencing a cold, please be prepared for this.

I have read the above statement and agree to the policy terms.

Client Signature: _____ Date: ____/____/____

Parent/Guardian Signature (in case of a minor): _____ Date: ____/____/____