

HUMAN TOUCH

MASSAGE AND BODYWORK

Confidential Client Information

Please clearly print the following information:

Name: _____ Referred by: _____

Mailing Address: _____ Phone (Day): _____

City: _____ State: _____ Zip: _____ Phone (Eve): _____

Email: _____ Gender: Female Male

Occupation (s): _____ Date of birth: _____

Age: _____ Preferred name/nick name: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

What are your reasons of today's appointment? _____

Health/Medical Information:

Please indicate if you have been diagnosed with or experience any of the following conditions:

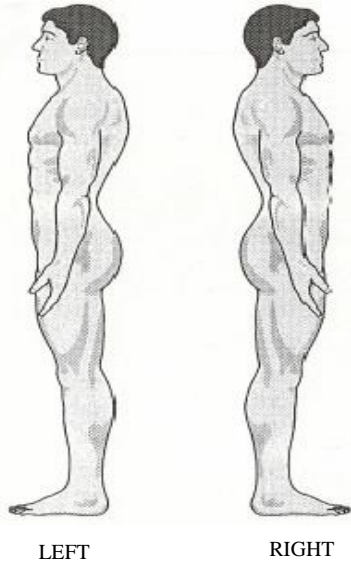
- | PAST | PRESENT | PAST | PRESENT |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> AIDS | <input type="checkbox"/> | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> | <input type="checkbox"/> Allergies | <input type="checkbox"/> | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> | <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> | <input type="checkbox"/> High Blood Pressure/Hypertension |
| <input type="checkbox"/> | <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> | <input type="checkbox"/> HIV+ |
| <input type="checkbox"/> | <input type="checkbox"/> Arthritis | <input type="checkbox"/> | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma | <input type="checkbox"/> | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> | <input type="checkbox"/> Back Pain | <input type="checkbox"/> | <input type="checkbox"/> Nerve Damage |
| <input type="checkbox"/> | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> | <input type="checkbox"/> Bursitis | <input type="checkbox"/> | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> | <input type="checkbox"/> Cancer | <input type="checkbox"/> | <input type="checkbox"/> Seizure/Epilepsy |
| <input type="checkbox"/> | <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> | <input type="checkbox"/> Spinal Injury |
| <input type="checkbox"/> | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> | <input type="checkbox"/> Diabetes | <input type="checkbox"/> | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> | <input type="checkbox"/> Emotional Stress | <input type="checkbox"/> | <input type="checkbox"/> TMJ Syndrome |
| <input type="checkbox"/> | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> | <input type="checkbox"/> Heart Condition (Please explain) | <input type="checkbox"/> | <input type="checkbox"/> Other – specify _____ |

For Women: Trying to get pregnant? Yes___ No___

Have you had Covid19? Yes___ No___ Are you vaccinated Covid19? Yes___ No___

List any treatments of medications you have been receiving to address any the conditions:

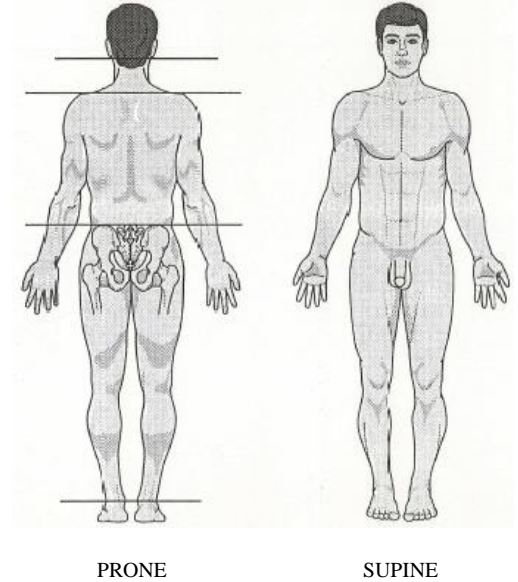
Please mark on the image below the location of your pain or discomfort:



Show me where it hurts

If you feel any of the following symptoms, please indicate where you feel them by placing the LETTER shown on the diagram.

- ACHING A
- BURNING B
- NUMBNESS N
- STABBING S
- TINGLING T

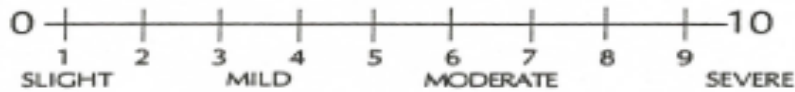


Please describe any further symptoms:

Neck: _____
 Low Back: _____
 Legs: _____

Mid Back: _____
 Arm: _____
 Any other problems: _____

On the scale below, please circle your level or pain you have right **now**:



When you did you first noticed your pain? _____

Do you know how the injury occurred? _____

Have you had similar injuries in the past? _____

Do any positions make it feel worse? _____

Do any positions make it feel better? _____

Is this condition: improved changed getting worse

I am dominant: right-handed left-handed ambidextrous

How do you prefer the pressure: light medium heavy

What is your stress level: low moderate high

How is your caffeine intake? coffee tea cola cups/day: _____

How many glasses of water do you drink? 1-4 5-10 10+

Are you being treated by a doctor or other professional for any conditions above, or any conditions listed here? If so, please explain:

Do you have any areas of chronic complaints? _____

Please list any accidents, injuries, significant illnesses-medical treatments, or surgeries including dates:

Do you have any current diagnostics (X-ray, MRI, CAT scan, etc.) that you could provide to refer for your injury/condition?

Yes No When were they taken? _____

Please describe your current movement, athletic and fitness activities:

List type of care you currently receive:

Treatment	Frequency	Duration
<input type="checkbox"/> Massage &/or Bodywork	_____	_____
<input type="checkbox"/> Chiro	_____	_____
<input type="checkbox"/> Yoga/Stretching	_____	_____

List any other type of self-care: _____

Recreational activities are: _____

Sessions, Confirmation, Late Arrivals and Refund Policy:

- There is a debit and credit card processing fee of 3% to payments made with credit card which will be charge at time of payment.
- **Confirmation for any appointment booking, rescheduling, cancelation must be confirmed by me in order for the new appointment to be valid.** This is just to prevent confusion when managing a busy schedule. If you need to make a change (reschedule or cancelation) or to book an appointment, please make sure you receive a "confirmed" text from me. If you have not received such text, please send me a reminder.
- **Late arrivals** will have respective time reduced from service and unfortunately, cannot be made up. Currently, all sessions are 60, 90 or 120 min in length with additional 15 min for scheduling, payment, and assessment. If due to the late arrival, the objectives of the session have not completed and requires additional time, there shall be an increase in fee for service to cover the additional time needed. This amount is calculated by the quarter of hour and it is corresponding cost per hour equivalent.
- There are no refunds for services or for loss of prepay Bodywork, Massage Therapy, packages, or promotional sales.
- Gift certificates are not transferable.
- Tips are generally welcomed but not required for services.
- ***Whenever possible please consider text for line of communication.*** This allows for the flexibility I need to answer your questions or needs.

INFORMED CONSENT / WAIVER OF LIABILITY / ASSUMPTION OF RISK

1.) I fully understand the purpose of Rolfing Structural Integration 10 Series is to balance and align the physical body so that it is supported and maintained by gravity in three dimensional space. This is done through direct manipulation and education so that greater ease of movement and improved posture is achieved in order to assist me in establishing balance and alignment in my body. I understand that Rolfing Structural Integration is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The Practitioner does not treat, prescribe, or diagnose any illness, disease, or any other physical or mental disorder of the person. Nothing said or done by the practitioner should be misconstrued to be such. I understand that Rolfing Structural Integration, Massage Therapy, Movement Integration, or other forms of Bodywork are processes and are not effective as a "quick Fix" for chronic complaints. This process is interactive and

requires practice and awareness from the client. I understand that this work is most effective if the assigned "homework" and or exercises are participated done.

2.) I understand and expressly assume all risks of my participation in the programs of movement re-education, strength, flexibility, Rolfing Structural Integration, and other exercise training and conditioning by Human Touch Massage & Bodywork, and I hereby waive, release and forever discharge any and all claims or causes of action which I might otherwise bring against Human Touch Massage & Bodywork, its officers, employees, trainees, and contractors with regard to injuries, damages, or losses arising from or relating to my participation in the above-mentioned activities or the use of equipment, props, apparatus, or machinery in these activities.

3.) I understand and am aware that movement re-education, strength, flexibility, and other exercise training and conditioning, including the use of fitness equipment of any kind, are potentially hazardous activities. I also understand that these activities involve the risk of injury and possibly even death, especially to people with preexisting injuries, illnesses, or medical disabilities. These risks include, but not limited to feeling mild light-headed, fainting, abnormalities of blood pressure or heart rate, ineffective heart function and in rare instances, heart attack or stroke. The reaction of the cardiovascular system to such activity cannot be predicted with complete accuracy. I am voluntarily receiving Rolfing SI, participating in these activities, and other equipment and machinery with knowledge of the dangers involved, and with the understanding that certain, inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I hereby agree to expressly assume and accept any and all risks of injury or death.

4.) I hereby declare myself to be of sound mind and physically suffering for no condition, impairment, disease, infirmity or other illness that could prevent my participation in Rolfing SI, movement re-education, strength, flexibility, and other exercise training and conditioning or in the use of other fitness equipment and machinery. I also understand that a medical evaluation is advisable before participation in above-mentioned activities. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of fitness equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization and other equipment, apparatus and machinery, Movement Education and Rolfing SI.

5.) I understand it is my responsibility to fully inform, and keep fully informed, Human Touch Massage & Bodywork instructors and staff working with me of any physical

condition or disability which would prevent or limit my participation in an exercise physical conditioning program or from receiving Rolfing Structural Integration or other forms of bodywork including massage therapy, Movement Education, and other exercises. I understand that some responses to Rolfing Structural Integration, Movement Education, exercise, and other forms of bodywork may be unknown and depend upon the health of the participant. I also understand that some responses to Movement Education, exercise, Rolfing SI, bodywork, and other forms of exercise may be unknown and depend upon the health of the participant. I further acknowledge that, while the program may have substantial physical benefits, Human Touch Massage & Bodywork practitioners do not engage in diagnosing or treating medical disease or deficiencies.

6.) I authorize Human Touch Massage & Bodywork to use photos and or other likenesses of myself for any promotional materials regarding Human Touch Massage & Bodywork. Such photos and other likenesses will not be sold to other parties. Promotional materials bearing these likenesses may be distributed to the public and/or posted on the Human Touch Massage & Bodywork website. Human Touch Massage & Bodywork reserves the right to use photos or likeness for the time period beginning when this form has been signed, ending upon the written request of the participant.

CANCELLATION POLICY: I understand that all Human Touch Massage & Bodywork Studios reserved appointments (evaluations, classes, private, semi-private, Rolfing Structural Integration, etc.) are subject to a 24-hour cancellation policy. This policy is in place for the benefit of all clients and instructors, allowing clients to take a class or private session opening when they become available, and instructors to offer open spots to appointment-seeking clients in a timely fashion.

I hereby acknowledge that failure to cancel any scheduled appointment with Human Touch Massage & Bodywork prior to the 24-hour window (not including medical emergencies or poor weather) will result in my being automatically charged for the missed class or appointment at a rate of 50% for a cancellation within 12-24 hours and 100% for a charged inside of 12 hours, with the exception of one late cancel per calendar year which is granted for all clients in good standing. I further acknowledge that failure to cancel an appointment reservation outside of 24 hours will also be charged at the full rate if the client fails to show.

I acknowledge that all cancellations can be done by phone or text message. I will notify my instructor directly as soon as possible and no later than 24 hours in advance. I have read and understand and agree to the policies and release as stated above.

COVID-19:

Human Touch Massage & Bodywork is committed to your safety and health. Rolfing® Structural Integration, Bodywork, Movement Education, and massage requires educational touch. You should be familiar with the fact that infection control has always been a top priority at the studio. As we navigate life with additional precautions and modify existing measures due to the coronavirus, please help me by cooperating with some new requirements.

- 1.) Please do not arrive more than 15 mins early for your appointment to allow for social distancing on our small reception area.
- 2.) Once you arrive for your appointment, please wash your hands, or use sanitizer.
- 3.) I will ask you particular questions such as have you been feeling ill, have a fever, loss of taste or smell, coughing, have been exposed to someone with COVID-19, have an immediate family member with COVID-19, have you tested positive for COVID-19?
- 4.) The services at Human Touch Massage & Bodywork are not recommended for individuals that have any symptoms of illness. There is **no penalty for cancelling due to COVID-19 related circumstances or other illnesses.**
- 5.) Face masks that cover the nose and mouth are a requirement by law at this time. Please arrive to your appointment wearing a face mask.
- 6.) Human Touch Massage & Bodywork staff will be wearing personal protective equipment (PPE) during all sessions as well.
- 7.) The current maximum capacity is 25% of the total maximum capacity. We ask that you respect the social distancing guidelines with other individuals while at Human Touch Massage & Bodywork. Because the services at Human Touch Massage & Bodywork will only be delivered on a 1 to 1 ratio this will not be a problem to adhere to.
- 8.) Clients will also be spaced out allowing for additional time between appointments. This will give appropriate time to clean between appointments and will help to maintain social distancing requirements. There will be a limit of appointments per day to ensure adequate time to clean and preparing room for the next client. Depending on the length of each appt.
- 9.) Cleaning will include, room(s), bathroom, waiting area and all touchable surfaces including doors, doorknobs, light switches etc., Rolfing equipment rooms and flooring and allowance for adequate ventilation in rooms. Cleaning is done

every night including floors, rooms, bathroom, equipment, waiting area, etc.

10.) All linens are used once before being washed in laundry. Upon folding and returning clean linens to their sanitary location, all laundry is folded on a pre cleaned surface to avoid cross contamination or becoming soiled prior to usage.

Things are a little different in the age of COVID-19, but with adequate sanitary precautions, Human Touch Massage & Bodywork provides a safe and clean environment for client's health in mind. I will be happy to answer any questions you may have about the steps I take to keep you, and every client, safe in the studio. I am also encouraging everyone to offer recommendations or suggestions should you feel additional precautions or implementations are in order. COVID-19 health and safety precautions are subject to change upon notice from government or authoritative agencies.

I understand close contact with people increases the risk of infection from COVID-19. I acknowledge that I am aware of the risks involved and give consent to receive Massage, Bodywork, Rolfing, and Movement Education from Human Touch Massage & Bodywork. Furthermore, I understand that my name and contact information might be shared with the state health department in the event that clients or practitioner at this office test positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes, or temperature may be adjusted to my level of comfort. I further understand that massage or bodywork should be not 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 physical or mental illness, and that nothing said in the course of the session given should be construed as such. I understand that I have not taken any recreational drugs, alcohol, pain killers, or any other medication that may alter my perception or experience of this or any future sessions. 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 the full payment of the scheduled appointment.

Thank you for being a client with Human Touch Massage & Bodywork. I value your trust and loyalty and look forward to welcoming you back to a safe, therapeutic environment.

I certify the above information is complete and accurate to the best of my knowledge. I agree to notify this Practitioner immediately whenever I have changes in my health condition in the future.

I acknowledge that all cancellations can be done by phone or text message. I will notify my therapist directly as soon as possible and no later than 24 hours in advance.

Client full Name : _____

Client Signature : _____

Date: _____

Consent to Treatment of Minor: By my signature below, I hereby authorize Human Touch of Massage and Bodywork to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary. I agree that all above instructions are applicable and if I have any questions, I will have them clear prior to starting the session.

Signature of Parent or Guardian _____ Date _____