Massage By Carey

Client Questionnaire

Personal Information

Basic Information

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Male Female Not Specified

Occupation

Contact Information

Email

Phone (mobile preferred)

Cell

Address

City

State

Zip

Emergency Contact Information

Contact Name

Phone

Relationship

How did you hear about us?

Doctor (optional)

Physician Name

Phone

Issue(s) To Address Information

Cause of Injury or Concern

How long since first noticed

Describe your treatment goals

Past Treatment

Additional Questions

Describe exercise, repetitive activities or hobbies you have

Existing Conditions Information

Respiratory

- [ ] Asthma
- [ ] Bronchitis
- [ ] Chronic cough
- [ ] Emphysema
- [ ] Shortness of Breath

Cardiovascular

- [ ] Blood Clots
- [ ] Cardiovascular Accident
- [ ] Cerebral-vascular Accident
- [ ] Cold Feet
- [ ] Cold Hands
- [ ] Congestive Heart Failure
- [ ] Heart Attack
- [ ] Heart Disease
- [ ] High Blood Pressure
- [ ] Low Blood Pressure
- [ ] Lymphedema
- [ ] Myocardial Infarction
- [ ] Pacemaker
- [ ] Phlebitis
- [ ] Stroke
- [ ] Thrombosis/Embolism
- [ ] Varicose Veins

Skin

- [ ] Bruise Easily
- [ ] Hypersensitive Reaction
- [ ] Melanoma
- [ ] Skin Conditions
- [ ] Skin Irritations

Head & Neck

- [ ] Ear Problems
- [ ] Headaches
- [ ] Hearing Loss
- [ ] Jaw Pain (TMJD)
- [ ] Migraines
- [ ] Sinus Problems
- [ ] Vision Loss
- [ ] Vision Problems

Infectious Conditions

- [ ] Athlete's Foot
- [ ] Hepatitis
- [ ] Herpes
- [ ] HIV
- [ ] Respiratory Conditions
- [ ] Skin Conditions

Women

- [ ] Gynecological Conditions
- [ ] Pregnancy

Soft Tissue / Joint Dysfunction

- [ ] Ankles (Left)
- [ ] Ankles (Right)
- [ ] Arms(Left)
- [ ] Arms(Right)
- [ ] Feet (Left)
- [ ] Feet (Right)
- [ ] Hands (Left)
- [ ] Hands (Right)
- [ ] Hips (Left)
- [ ] Hips (Right)
- [ ] Knees (Left)
- [ ] Knees (Right)
- [ ] Legs (Left)
- [ ] Legs (Right)
- [ ] Lower Back (Left)
- [ ] Lower Back (Right)
- [ ] Mid Back (Left)
- [ ] Mid Back (Right)
- [ ] Neck (Left)
- [ ] Neck (Right)
- [ ] Shoulders (Left)
- [ ] Shoulders (Right)
- [ ] Upper Back (Left)
- [ ] Upper Back (Right)

Family History

- [ ] Cardiovascular Conditions
- [ ] Respiratory Conditions

Miscellaneous

- [ ] Allergies
- [ ] Anaphylaxis
- [ ] Artificial Joints / Special Equipment
- [ ] Arthritis
- [ ] Cancer
- [ ] Crohn's Disease
- [ ] Digestive Conditions
- [ ] Dizziness
- [ ] Epilepsy
- [ ] Diabetes
- [ ] Gout
- [ ] Hemophilia
- [ ] Insomnia
- [ ] Fibromyalgia
- [ ] Lupus
- [ ] Mental Illness
- [ ] Osteo Arthritis
- [ ] Loss of Sensation
- [ ] Other Diagnosed Diseases
- [ ] Other Medical Conditions
- [ ] Rheumatoid Arthritis
- [ ] Osteoporosis
- [ ] Shingles
- [ ] Stress
- [ ] Surgical Pins or Wire

Allergies and other conditions your provider should be aware of

Neurological

- [ ] Burning
- [ ] Cerebral Palsy
- [ ] Herniated Disc
- [ ] Multiple Sclerosis
- [ ] Numbness
- [ ] Parkinsons
- [ ] Stabbing pain
- [ ] Tingling

Medications Please list any medications or drugs you are currently on

Additional Questions

List any past surgeries or injuries you've had.

Client Waiver form

Massage and Bodywork Disclosure and Consent

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular pain and tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- If uncomfortable for any reason, I may ask the therapist to cease the massage and the therapist will end the massage session.
- I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that the massage services provided are entirely therapeutic and non-sexual in nature. Therapeutic techniques performed may include but not limited to: Deep Tissue, Neuromuscular Therapy, Cupping, Swedish, Sports, Active Isolated Stretching, Trigger Point Therapy, Graston Technique, Traction.
- I understand draping is required. Draping of the genital area and gluteal cleavage will be used at all times during the session for all clients. The therapist will drape the breasts of all female clients and not engage in breast massage of female clients without the written consent of the client.

Cupping Therapy Disclosure and Consent

- Information has been provided to me about Cupping Therapy and I have read over the cupping instructions. If I choose to experience these therapies during treatments, I understand the potential side effects, risks and benefits.
- I understand any markings, discoloration, and redness to the skin will dissipate from a few hours to as long as two weeks and in relation to my after-care activities. I understand these markings are not injuries and not bruises.

CBD-Infused Topicals

- I acknowledge that I may request that my massage include the use of Cannabidiol (CBD)- infused creams, salves, ointments or oils and I consent to the use of such CBD topicals in any massage I receive. While no research has been conducted that indicates any risk, Massage By Carey will not

use CBD-infused topicals on pregnant or lactating women. Such request will be notated in the clients record until revoked by the client.

Financial Disclosure and Consent

- Payment is due when services are rendered.
- There is a $35 charge for all returned transactions including credit card & checks.
- All customers may be required to place a credit card on file.
- All sales are final. No returns or exchanges. Any prepaid session(s) remain on the clients account unless the client requests to transfer the account credit to another individual. Prepaid sessions expire one year from date of purchase.
- I authorize Massage By Carey to charge my credit card for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. You may cancel this authorization at any time by contact us in writing. This authorization will remain in effect until cancelled.
- If I do not show, 15 minutes late or cancel my appointment with less than 24 hour notice, I authorize Massage By Carey to charge 100% of the session rate using the credit card I have on file, or pay the session rate by invoice.

Privacy & Security Notice

We protect your information using physical, technical, and administrative security measures to reduce the risk of loss, misuse, unauthorized access, disclosure and alteration. We use PCI (payment card industry) and HIPAA (health insurance portability and accountability act) security standards. Some of the safeguards we use are firewalls and data encryption, physical access controls, and information access controls. We make every reasonable effort to protect our customers' private information and to store it securely in accordance with the above standards.

Liability Release

I hereby waive and release Carey Gage DBA Massage By Carey and its entire staff, massage therapists and body work practitioners from any and all present and future liability, loss, cost, claim, or damage whatsoever, which may be imposed upon the company or Carey Gage. I further undertake to indemnify and hold Carey Gage DBA Massage By Carey harmless from any incident(s) arising from the use of our services.

Therapist Signature* Carey Gage Lic#MT104366

☐ I have read the statement above and agree to all the policies

Client Signature*

Date*