

NEW CLIENT MESSAGE INTAKE FORM

PERSONAL INFORMATION

Name _____ Phone (day) _____ (evening) _____
 Address _____ City/State/Zip _____ DOB _____
 Occupation _____ Employer _____
 Email _____ Primary Physician _____
 Emergency Contact _____ Relationship _____ Phone _____
 How did you hear about us? _____

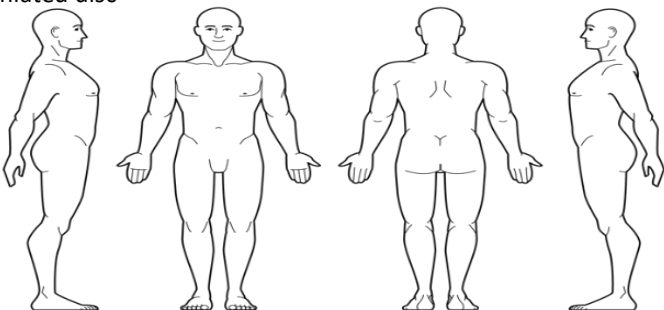
MEDICAL INFORMATION

Are you taking any medications? yes no
 If yes, please list name and use: _____
 Are you currently pregnant? yes no If yes, how far
 along? _____
 Any high risk factors? _____
 Do you suffer from chronic pain? yes no
 If yes, please explain _____
 What makes it better? _____

 What makes it worse? _____

 Have you had any orthopedic injuries? yes no
 If yes, please list: _____
 Please indicate any of the following that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots/DVT |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |
| <input type="checkbox"/> Easy Bruising | <input type="checkbox"/> Other |
| <input type="checkbox"/> Herniated disc | |



PUT A CIRCLE ON AREAS TO FOCUS AND PUT A X ON AREAS TO AVOID

MESSAGE INFORMATION

Have you had a professional massage before? yes no
 How long ago or How often?
 Do you exercise ? yes no
 What do you do for exercise?
 How long ago or How often?
 What type of massage are you seeking? Circle one
 Therapeutic/Deep Tissue Hot stones TMJ

 What pressure do you prefer? Circle one
 Light Medium Deep
 Do you have any allergies or sensitivities? yes no
 Please explain _____
 Are there any areas (feet, face, abdomen, etc.) you do not want
 massaged? yes no
 Please, explain? _____
 What are your goals for this treatment session?

**Explain any conditions, pain or areas of discomfort you
 have Below :**

*By signing below, you agree to the following.
 I have completed this form to the best of my ability and knowledge and
 agree to inform my therapist if any of the above information changes
 at any time.*

CLIENT SIGNATURE _____ DATE _____

THERAPIST SIGNATURE _____ DATE _____

HOT STONE MASSAGE RELEASE FORM

HOT STONE MASSAGE CONTRAINDICATIONS

Hot stone massage is not suitable for everyone. There are risks associated with performing hot stone massage on individuals with the following conditions.

You must inform your massage therapist/practitioner if you have any of the following conditions which may make hot stone massage contraindicated or may require your therapist/practitioner to alter the massage.

- Pregnancy
- Diabetes
- Inflammatory skin conditions
- Open wounds or sores
- Hypotension or Hypertension
- Cancer (with or without treatment)
- Varicose veins
- Under the influence of drugs or alcohol
- Blood clot(s)
- Neuropathy
- Autoimmune condition (MS, Lupus, RA, etc.)
- Peripheral vascular disease
- Heat sensitivity
- Compromised immune system
- Edema or Lymphedema
- Cardiovascular disease

CLIENT'S RELEASE

I, _____, have read and understand the aforementioned conditions which make hot stone massage contraindicated. The massage therapist/practitioner has discussed this information with me and provided opportunity for any questions. I have disclosed any and all health risk factors.

Please check the following that applies to you.

I understand the information contained on this form and confirm that I do not have any of the above conditions.

My condition(s) of _____ is/are listed above and therefore make(s) hot stone massage contraindicated. Given this knowledge I hereby give my full consent to receive hot stone massage and take full responsibility of any side effects or harm that may come from my receiving hot stone massage.

I understand that I will be receiving hot stone massage as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I release the massage therapist/practitioner of any and all liability for any harm that may unintentionally occur during my treatment(s).

Signature _____

Date _____

TEMPOROMANDIBULAR JOINT (TMJ) INFORMED CONSENT

Name _____

Date _____

1. A proper diagnosis regarding head and neck pain is very important because serious medical problems can be present that produce TMJ symptoms. It is recommended that you consult your physician and/ or dentist for medical diagnosis to determine if there are any underlying medical conditions resulting in TMJ symptoms.
2. I acknowledge that the massage therapist can not diagnose TMJ or any other medical/dental conditions. I acknowledge that only my physician or dentist can diagnose TMJ or any other medical condition.
3. TMJ massage therapy treatments may vary according to the complexity of your condition. Although symptoms generally respond well to treatment, general health, stress, diet, occupational complications, sports / exercise activities, etc can affect the outcome and management of the symptoms.
4. As with any therapy, unusual occurrences can and do happen. These possibilities could include but are not limited to: tooth injury, jaw injury, headache, ear pain, neck pain, loss of range of motion, muscle spasm, head and neck pain, etc. I agree to take the risks as outlined, as well as, other resulting circumstance risk from the therapy.
5. I agree to communicate with the therapist about my pain, comfort level and desire to continue treatment. I acknowledge that I am responsible to communicate if I am in pain, uncomfortable or desire for treatment to be paused or terminated at anytime.
6. I consent to have Temporomandibular Joint (TMJ) Massage Therapy treatment performed by _____ a licensed massage therapist.

Patient Signature (Parent or Legal Guardian if under 18)

Date

(Minors under the age of 18 must be accompanied by a parent or guardian. The parent or guardian must consent to treatment)

POLICY NOTIFICATION

We appreciate that you've chosen us for your massage and bodywork needs. To provide the best service possible to our clients we have implemented the following policies.

Fragrance Policy

Thank you for not wearing fragrances. The chemicals in fragrances give some people asthma, headaches, nausea, or other symptoms. Please do not wear perfume or aftershave when you may be near people who are sensitive to "fragrance" in the ingredients. /we reserve the right to refuse service to any in violation of this policy.

Cancellation Policy

We respectfully ask that you provide us with a **24 hour** notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a **24 hour** notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and also means our other clients miss the chance to receive services they need. For this reason, you will be charged 50% of the service fee for the **first** missed session and 100% of the service fee **for each** session after that. We also reserve the right to require a credit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur.

We understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within **24 hours** prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis.

Gift Certificates Policy

24-hour Advance notice is required when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. All "No Shows" absorbs the gift certificate- it will be taken as the cancellation fee. Gift Certificates are non-refundable, No cash value. Gift certificate must be present when scheduling the appointment and brought in to give to the therapist. Certificates expire 2 years from issue date. When scheduling please allow 2-week notice prior to scheduling your appointment. Any recent Illness or Surgery's may require clearance from your health care doctor.

Late Arrival Policy

We request that you arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

Inappropriate Behavior Policy Massage therapy is for relaxation and therapeutic purposes only. There is no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full-service fee regardless of the length of your session. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return. We look Forward to Serving You! By signing below, you agree to abide by these policies.

Client Signature

Date

COVID-19 PRECAUTIONS

Due to the outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitization and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Chills
- Nausea or vomiting
- Diarrhea
- Confusion
- New widespread muscle pain
- Headaches
- Red or purple toes
- Loss of taste & smell
- Bruising, redness, swelling, or cramping in lower legs and feet

I, _____ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 30 days.
- I understand that this business and my massage therapist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below I agree to each above statement and release the massage therapist and business from any and all liability for the unintentional exposure or harm due to COVID-19.

Your massage therapist and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitization protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

CLIENT SIGNATURE _____

DATE _____

THERAPIST SIGNATURE _____

DATE _____

GENERAL LIABILITY RELEASE FORM

BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING:

- 1) I give my permission to receive massage therapy.
- 2) I understand that massage therapy is not a substitute for traditional medical treatment or medications.
- 3) I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.
- 4) I have clearance from my physician to receive massage therapy.
- 5) I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury

I therefore release Tranquility Massage, and the individual massage therapist Carol Mullen, LMT, from all liability concerning these injuries that may occur during the massage session.

- 6) I understand the importance of informing my massage therapist Carol Mullen, LMT, of all medical conditions and medications I am taking, and to let the massage therapist know about any changes or updates to these. I understand that there may be additional risks based on my physical condition.
- 7) I understand that it is my responsibility to inform and communicate with my massage therapist of any discomfort, physical or emotional pain I may feel during the massage session so he/she may adjust accordingly.
- 8) I understand that I or the massage therapist Carol Mullen, LMT, may terminate the session at any time.
- 9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered. I understand the importance to participate in setting goals for each session and evaluating them.
- 10) 10) I give permission for the therapist: Carol Mullen, LMT, to contact me by email,newsletter text message, or phone calls about specials, events, or appointments that I may have or about my treatment plans and goals. I will call 901-837-1803 to cancel or change all my appointments as soon as I know I cannot come.

Signature

Date

NEW POLICIES & PROCEDURES

Due to the ongoing COVID-19 situation we want to ensure you that we are continuing to practice our high standards of cleaning and disinfecting as well as adding strict protocols as recommended by the CDC and local government. We are committed to provide massage and bodywork services in the safest environment possible for each of our clients. As such, the following policies and procedures have been implemented. Please read through these thoroughly so you'll know what to expect from us and what will be required of you at your appointment. Please note, these policies and procedures may change without notice due to government and insurance regulations.

If you are considered high-risk for contracting COVID-19 due to age, respiratory illness or condition, a compromised immune system, chronic heart, kidney, or liver disease, severe obesity, or other such conditions, please do not schedule an appointment.

Upon arrival in the parking lot, each client will call or text to notify us of their arrival. The door will remain locked at all times.

Each client will remain in their vehicle until called or texted to come inside.

Each client will be required to wear a mask at all times throughout their visit, including on the massage table.

Each client will remove shoes inside the office or treatment room door and sanitize hands using an alcohol based sanitizer.

Each client will have their temperature and oxygen levels checked and recorded. Each client will place all personal items within the marked section in the treatment room.

Each client will be given a sanitized pen along with paperwork to sign.

The therapist will perform the massage while wearing extensive personal protective equipment (PPE).

The checkout, payment, and rebooking process will be completed in the treatment room to limit the use of common areas. You can place a check in an envelope and make it payable to Carol Mullen. Return checks will be charged a fee of 45.00. If you want to pay for your session before arriving I can provide you with an invoice or links through square, viemo, and cash app. If you prefer to pay with cash please place it in a envelope and slip it through my mail slot and let me know by text or calling.

As always, all surfaces, tools, and linens are sanitized between each client with EPA and CDC approved cleaners and disinfectants and fresh PPE is donned.

Please understand that these new policies are to ensure the safety of each and every client as well as your therapist. Even with all these measures, we continue to strive to offer the most therapeutic and relaxing atmosphere possible, so you can expect the same amazing treatments and results you've always received.

Thank you so much!

Carol Mullen, LMT