



A Sensitive Touch

Combining Skill, Mind, and Intuition in Artful Ways

PROFESSIONAL MASSAGE THERAPY CLIENT HISTORY & INTAKE INFORMATION

Today's Date: _____/_____/_____

Name: _____ Date of Birth: _____/_____/_____

Address: _____ E-mail: _____

City, State, Zip: _____

Phone (home): _____ (other): _____

Occupation/Work Description: _____

In Case of Emergency, please contact (name & phone): _____

How Did You Hear About Me? _____

GENERAL MEDICAL INFORMATION

(Please explain any "Yes" answers to the following)

Please check the box for a "Yes" answer on the following:

- Have you ever had a therapeutic massage?
- Do you suffer from migraine headaches?
- Are you epileptic?
- Do you have phlebitis or varicose veins?
- Are you wearing contact lenses?
- Are you allergic to nut oils?
- Do you have (or suspect you have) fibromyalgia?

YES NO

____ Are you pregnant? If so, due date: _____ Is this high risk? _____

____ Are you diabetic (insulin dependent)? If so, please state injection site: _____

____ Do you have high blood pressure? If so, is it under control? _____

____ Do you have any heart, liver, or kidney conditions? _____

____ Do you have cancer? If so, which type? _____

____ Do you have any irritable skin disorders? _____

____ Do you have any prostheses or implants in areas that may be irritated by massage? _____

____ Are you currently taking any medications? If so, please list: _____

____ Have you had any surgeries in the last year? If so, please list: _____

____ Please list areas where you have had major scars/surgeries: _____

____ Please list the areas of your body which experience regular pain: _____

____ Are you currently under treatment by a Chiropractor, Homeopath, or other "alternative" health provider? _____

____ Is there a reason why you feel you shouldn't lay on your back or stomach? _____

____ Is there anything else you want me to know? _____

Please turn over for more....



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Mobile Office Phone: 651.983.6954

Administrative Office:

2208 Edgebrook Avenue
Saint Paul, MN 55119

Massage Therapy Office:

CornerStone Medical Building, Ste 200-F3
6025 Lake Road
Woodbury, MN 55125

www.asensitivetouch.com

I am experiencing the following signs and symptoms
(note: these may be used in lieu of a practitioner's diagnosis codes, should they not be available):

- 784.0 Headache
- 723.1 Pain in the neck
- 724.1 Mid-back/thoracic spine pain
- 724.2 Low back/lumbar spine pain
- 724.5 Backache, unspecified
- 789.00 Abdominal pain

Pain in a joint:

- 719.41 Shoulder and/or collarbone region
- 719.42 Upper arm and/or elbow
- 719.43 Forearm and/or wrist
- 719.44 Hand
- 719.45 Pelvis, hip and/or thigh
- 719.46 Lower leg and/or kneecap
- 719.47 Ankle and/or foot
- 719.48 Ribs
- 719.49 Multiple sites

Stiffness in a joint:

- 719.51 Shoulder and/or collarbone region
- 719.52 Upper arm and/or elbow
- 719.53 Forearm and/or wrist
- 719.54 Hand
- 719.55 Pelvis, hip and/or thigh
- 719.56 Lower leg and/or kneecap
- 719.57 Ankle and/or foot
- 719.58 Ribs
- 719.59 Multiple sites

Please take a moment to carefully read the following agreement and sign where indicated. Should you have any questions about the following agreement, please ask me before signing.

I, _____, understand that the massage therapy I receive from Gigi J. Decker is provided solely for the purposes of relaxation, stress reduction, and relief of pain due to soft-tissue restrictions, unless otherwise specified by a referring physician. If I experience any pain or discomfort during my session, it is my responsibility to inform Gigi J. Decker, so that the pressure of the strokes may be adjusted to my comfort level.

Because therapeutic massage may be contraindicated in certain medical situations, I affirm that I have honestly answered the questions on the other side of this form, and have informed Gigi J. Decker of all known medical conditions. I agree to update Gigi J. Decker as to any changes in my medical conditions for future sessions, and understand there shall be no liability on Gigi J. Decker's part should I forget to do so.

It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of my session, and I will be liable for payment of the "full" scheduled appointment.

I also agree that I will give 24 hours notice in case of appointment cancellation or change. Any less than 24 hour notice, and I agree to personally pay Gigi J. Decker a \$35 courtesy fee (subject to increase), due in full before my next visit.

I attest that I have received and read a copy of the "Client Bill of Rights".

I, the above named, agree to all statements within.

Signature of client

Date

Signature of Gigi J. Decker

Date