Healing Arts Institute Massage Clinic

Please answer the following questions. The answers will better help us in providing service and will be kept completely confidential.

Name _____Home Phone_____

Address_____ City_____ St____ Zip _____

Birth Date_____ Occupation: _____ Cell Phone_____

Emergency Contact _____ Phone _____ Relationship_____

E-mail Address _____

Do You Exercise? Y/N When was your last massage? _____

How much water do you drink per day? _____ Do you consider yourself stressed? Y/N

Describe any past surgeries, hospitalizations, accidents or injuries:_____

_____

Are you currently experiencing any pain and/or movement restrictions? Y/N

Please describe: _____

_____

What activities make the pain worse?_____

Please list all current medications:_____

_____

WOMEN: Pregnant? Y/N Due Date_____

Please check the appropriate boxes that apply to your present health

_____ Sinus problems
_____ Numbness/Tingling
_____ Vision problems
_____ Jaw pain/teeth grinding
_____ Infectious disease
_____ Fatigue
_____ Depression
_____ Other_____

_____ Sleep difficulties
_____ Blood clots
_____ Scoliosis
_____ Varicose veins
_____ Tendonitis
_____ Osteoporosis
_____ Arthritis

_____ Headaches
_____ Muscle or joint pain
_____ Shortness of breath
_____ Diabetes
_____ High/Low blood pressure
_____ Cancer/tumors
_____ HIV/Aids

I understand that if I receive a massage from a student an instructor will enter the room during the massage to observe and may demonstrate hands-on techniques on me. There is no observation in the professional clinic. I understand that I may be denied services at the HAI clinic if I behave inappropriately during the session or have consumed drugs or intoxicating substances prior to my appointment. I agree to comply with stated policy.

_____ _____

Signature **Date**

10/11

Healing Arts Institute

Student & Professional Massage Clinics - Client Responsibilities

During the session:

- You will discuss with the therapist areas you need to have addressed during the massage (neck, back etc...)

- When the therapist leaves the room, undress to your level of comfort and lie down under the top sheet on the massage table.

- Your therapist will knock on the door before entering the room.

- Therapists have been trained in draping to insure your privacy and safety during the massage.

- If you are cold during the massage, ask the therapist to cover you with an additional blanket.

- (**student clinic**) A supervisor will knock & enter the room to observe for a few minutes and may demonstrate techniques.

When the session is over:

- The therapist will leave the room to allow you to get dressed in privacy.

- (**student clinic)** Please fill out the feedback form after you exit the massage room. Tipping is not required. The purpose of the student clinic is educational. Your best tip is honest feedback.

In addition:

- (**student clinic**) Should you have a preference for a male or female therapist, please inform the office at the time of scheduling. We will accommodate requests only upon availability. We encourage you to support both male and female therapists.

- (**professional clinic**) At time of scheduling you will be asked about preference for male or female therapist and will be scheduled & told the name of your therapist.

- If you are running late please inform us. Arriving late will reduce the length of your session.

- If you are uncomfortable with our policies, the therapist, or their technique, please request to see the student clinic supervisor or an administrator at the time of your visit.

We Reserve The Right To Refuse Service To Anyone For Any Reason

In particular, but not restricted to, consumption of intoxicating substances such as drugs or alcohol immediately prior to coming to the clinic, abusive behavior to any person at the clinic, sexual solicitation, inappropriate sexual innuendo or behavior, contagious disease, and unsatisfactory hygiene are understood to be reasons for denial of service.

Signature _____ **Date**_____