



Phone: 549-9244 Fax: 549-7260
800 Kensington Avenue, Suite 201 Missoula, MT 59801

HEALTH INTAKE FORM

All client files are kept securely at the premises of Montana Massage for a period of no less than one year.
Client file information is not released without written consent of the client.

Name _____

How did you hear about MM? _____

Date of Birth _____ Age ____ M ____ F ____ Parent Consent _____

Occupation _____ Referred by _____

Do you wear contact lenses? Yes No Left or Right Handed?

Have you ever received massage therapy? Deep Tissue Swedish Other

Are you taking medication? Yes _____ No _____

If yes, list drug name and reason prescribed. Please include OTC's and herbal medications.

Have you received an injury or been in an accident in which you have sustained an injury that required medical attention? If yes, please describe & list therapies used to rehabilitate.

Are you pregnant? Yes No Due Date _____ Complications? _____

Circle if you have had any history of the following.

- | | | | | |
|--|---------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Whiplash | <input type="checkbox"/> Headaches | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> High/low blood pressure |
| <input type="checkbox"/> Joint ache | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Shoulder pain | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Nervous tension | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Bursitis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Low back pain |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Stroke | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Gout | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Blood Clots | Other health condition: _____ | | |

Do you exercise? If yes, what do you do & how often? _____

Specific areas preferred NOT to be massaged? Glutes Feet Hands Abdomen Face Head

What are your expectations or goals for this Massage Therapy appointment? _____

I understand massage is not a replacement for medical care & no diagnosis shall be made.

Communication Policy: To ensure you receive the most effective & enjoyable massage, inform therapists of any questions/concerns that may affect the session. The client needs to address several elements not limited to: level of pressure, table warmer temperature, sound level of music, & professional communication. Clients bear responsibility for informing therapists of conditions that may affect the massage experience & have the right to end the session at any time. Clients do not hold Montana Massage or those affiliated with Montana Massage liable for effects of the massage. Any concerns regarding discomfort about your massage therapist must be brought to the attention of management within 24 hours.

CLIENT RIGHTS & RESPONSIBILITIES

Please read carefully & sign below.

SEXUAL HARASSMENT WILL NOT BE TOLERATED.

MM's sexual harassment policy defines sexual harassment as; Unwelcome sexual advances, requests for sexual favors, repeated jokes, innuendos, or comments (written or verbal), of a sexual nature, & any physical conduct of a sexual nature that tends to create a hostile or offensive environment. This will result in immediate termination of the massage and permanent dismissal from the clinic.

Insurance Billing: MM requires prior approval from primary insurance carrier or workers' compensation adjustor, a financial agreement & treatment authorization form, & a copy of insurance card & prescription/referral (if applicable) prior to providing service. I understand in the case of denial I am responsible for payment in full including any additional processing fees.

Montana Massage Mission:

Care - Our staff, students, & professionals are committed to providing the highest quality of care & an experience that enhances well-being.

Professionalism - Therapists perform only those services for which they are trained.

Equal Treatment - Our therapists honor the dignity and worth of each individual without prejudice.

Confidentiality - Therapists value and respect the client's right to privacy.

Modesty - Our therapists value the privacy and modesty with respect to dressing down and draping.

Client Responsibilities:

Communication - Let your therapist know of soreness, tenderness, & discomfort you experience during the massage.

Integrity & Respect - Our clients do not engage in any discussion or conduct of a sexual nature with our therapists. Cell phone use is discouraged & clients are expected to be courteous & keep their sound level to a minimum.

Health Information - Let us know of any health issues related to your massage experience. A health intake form is provided for this purpose.

Parental Consent:

Couples Massage- Clients must be 18 + years or have parent/legal guardian consent (verbal or written).

Individual Massage- Clients must be 15 + years or parent/legal guardian consent (verbal or written).

Payment Policy: Payment is due at the end of your appointment. If you choose to tip your therapist, feel free to do so.

Late Policy: Please arrive 15 min. prior to your appointment so therapists can give you the full amount of time scheduled. If you are late for your appointment you will be charged the full price for the session scheduled.

Cancellation Policy: To avoid paying for missed appointments a cancellation notice of 12 hours is required for all clients. If you fail to show up for 2 appointments (including cancellation with less than 12 hour notice), you must provide MSM with a credit card number that will be charged at the time you make the appointment.

I give Montana Massage permission to use my contact information to confirm appointments by phone & for special offers by mailings or emails.

SIGNATURE: _____ DATE: _____