

Muscle Artistry

Intake Form

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____ Work phone: _____

In Case of Emergency (name): _____ In Case of Emergency (phone): _____

Referred by: _____ May I thank your referral?: YES or NO

Primary Care Physician: _____

Preferred method of contact (circle at least one): Call Text (SMS charges may apply) Email FB Messenger

Have you ever received a professional massage before? Yes or No

If so, when: _____

Have you ever been to a Chiropractor: Yes or No If so, what for: _____

Are you scent sensitive? Yes or No If yes, to what type of scents? _____

Are you allergic to any nuts, seeds, oils? Yes or No If so, please explain: _____

There are some medical conditions where massage is contraindicated. Please carefully read the following questions. If you answer **YES** to any question, please provide further explanation in the comments section, or list any other condition you are aware of.

YES NO high/low blood pressure

YES NO varicose veins

YES NO blood clots

YES NO contagious disease/infectious disease

YES NO headaches

YES NO depression

YES NO anxiety

YES NO sensitivity to touch

YES NO kidney disease

YES NO TMJ

YES NO swelling

YES NO cancer

YES NO currently pregnant

YES NO diabetes

YES NO stroke

YES NO heart attack

YES NO stabbing pain or numbness

YES NO back pain

YES NO allergies

YES NO osteoporosis

YES NO medications

YES NO light headedness

Comments: _____

Any other medical issues not listed above: _____

Please turn this page over and complete section as indicated.

I understand that the massage/bodywork that I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience pain or discomfort during the session, I will immediately inform the licensed massage therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that the licensed massage therapist does not diagnose, prescribe, or treat any specific conditions. I understand that massage therapy/bodywork is not a substitute for medical examination, diagnosis, and treatment, and it is recommended that I see my physician for any ailment that I may have. I understand that the licensed massage therapist is not qualified to perform spinal adjustments or skeletal adjustments. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the licensed massage therapist updated as to any changes in my medical profile and understand that there is no liability on the licensed massage therapist part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

Client Signature

Date

Licensed Massage Therapist Signature

Date

For those under the age of 18:

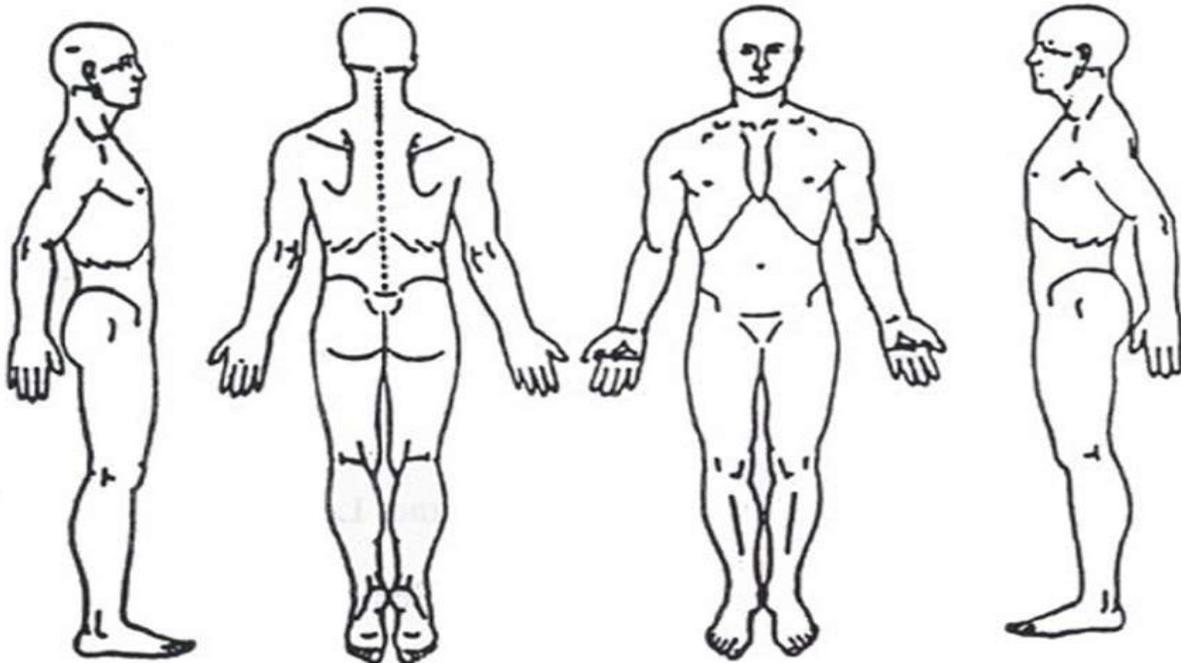
Consent to Treatment of Minor:

By my signature below, I hereby authorize _____ to administer massage therapy/bodywork to my child or dependent as they deem necessary.

Parent or Legal Guardian Signature: _____

Date: _____

IN THE DIAGRAM BELOW, PLEASE INDICATE WITH AN (X)
THE AREAS WHERE YOU FEEL PAIN OR DISCOMFORT



Muscle *Artistry*

Client Policy Statement

Mission

Providing high quality, therapeutic massage experiences focused on your individual needs.

Goal

Muscle Artistry offers customized therapeutic massages and lower leg/foot massages. My goal is to provide a safe and secure environment for all my clients. Everyone is treated with the highest level of care, respect, modesty and compassion. Ultimately, every visit should be a positive experience. If you have specific goals or areas of concern, please discuss them with me before, during, and/or after your session. I am here to support your journey, and two-way communication is an important part of our work together. Feel free to call or email if you have any questions. I would be happy to discuss a treatment plan that suits your needs.

Expectations

While these services contribute to relaxation and an improved state of well-being, they are not intended to replace medical diagnosis and treatment. It is recommended that you consult your physician regarding any illness you may have. I do not diagnose illnesses, nor do I recommend diets, medical treatments or supplements.

Services provided at Muscle Artistry are for the purpose of relaxation, stress reduction, pain reduction, relief of muscular tension, improve mobility/range of motion and structural balancing. Although I will discuss possible outcomes of the session, no promises or guarantees will be made by me regarding outcomes or side effects of the therapy.

If at any time you experience any pain or discomfort during the session, please tell me immediately. I will stop the session and we will talk about your concerns. I will either change the pressure or method, or if necessary discontinue the session.

I am not a medical doctor. I do not diagnose a condition or “fix” a problem. Bodywork and reflexology should not be construed as a substitute for medical examination, diagnosis, or treatment. I am here to support you in your goals regarding your overall well-being.

I require all my clients fill out a health history form before the start of the initial session and every 12 months thereafter. All information provided is kept confidential. If anything changes in the condition of your health and/or you are seeing a different health practitioner, I will need to know before we begin our next session and I will make note in your file.

If necessary, I will request to speak with all medical professionals who are providing you with care to determine if the therapy is contraindicated. A copy of the client health history form is posted on my website, or I can provide a copy before your appointment. As with any type of therapy, follow up sessions are encouraged. Although symptoms can be addressed during a single session most chronic conditions require consistent sessions.

Muscle Artistry has the right to refuse a service to anyone that has a condition that is contraindicated for massage.

Health Status

Please be forthcoming concerning your current health status, to include diseases, acute and chronic conditions, cold, flu, bacterial infections, viruses, etc. There are some conditions that are contraindicated for massage. Please let me know if you currently have bruised areas, open wounds, breaks in the skin, rashes or a recent burn. If you have uncontrolled high blood pressure, heart disease, diabetes, cancer, recent surgery or fractures please consult your physician before receiving a massage. I reserve the right to contact your physician or request written consent before we begin or schedule a session.

In the event, you experience a health emergency and require immediate medical attention, I will call 911 immediately followed by the emergency contact individual you provided on your health information form. I will stay with you until medical personnel arrives.

The Session

Each treatment session consists of two parts. First, you will complete a detailed intake form. After completed I will review the form and then I will conduct a verbal intake to discuss your current health status, your health concerns, your goals for the session and how we can meet your goals. During your initial session, the intake, written and verbal, will take anywhere from 10-20 minutes. Subsequent intakes should take approximately 5 minutes. The remainder of the time is dedicated to the specific modality you would like to receive.

For massage therapy sessions, clients undress and lay on a massage table underneath a drape (sheet). You will be given a private area for undressing. Clients will be modestly draped and covered at all times. Only the area being massaged will be undraped. In a case where a client chooses to keep undergarments on during a massage, I will not work underneath them. Clients should be aware that leaving undergarments on may affect the treatment you selected. A customized therapeutic massage may include the back, arms, hands, neck, head, face, chest, abdomen, buttocks, hips, legs, and feet. If you are concerned about any part of your body being worked on please inform me before your session begins. If you do not want any part of your body worked on, you must inform me of each area which you would like to be avoided. I do not undrape or massage genitals or breast tissue.

For the lower leg/foot massage, the client remains fully clothed. The client may choose to be covered by a sheet or blanket for comfort. It is necessary for the lower leg and feet to be unclothed during this type of treatment.

Please turn off all pagers, cell phones, and notification devices when you are receiving treatment to improve your state of relaxation. Also, please remove all jewelry including earrings, watches, necklaces, and rings to allow your therapist to massage those areas and avoid getting any oil on your jewelry. Clients with long hair may wish to tie it up in a high ponytail to avoid excessive oil in their hair.

During the massage, I may ask you about pressure, temperature, or general comfort. Please feel free to tell me if you would like me to adjust the pressure or if anything is at all painful or uncomfortable. Also, let me know if you need the temperature of the table warmer, heat packs, or hot towels to be adjusted. The treatment room is a controlled environment so, be sure to let me know if there is anything that can be adjusted to make you more comfortable and make the treatment session as enjoyable as possible for you. Your feedback will help me to provide you with the best service and care. Although communication is important during a treatment session I do my best work when I am quiet and focused therefore I will keep talking to a minimum to give you a greater chance to completely relax.

Scheduling

You may book your session online via my website, www.muscleartistry.com under the BOOK NOW tab or on the Muscle Artistry Facebook page under the BOOK NOW tab. I will confirm your appointment within one business day. There is a 24-hour notice for scheduling online. You may also contact me via email at jen@muscleartistry.com or via phone, during my business hours, at (309) 212-2148 to schedule your appointment. I will contact you within one business day to confirm your appointment. At this time I do not offer same day appointments. Walk-ins are not accepted. If you wish to set up an appointment outside of my normal hours, please contact me to discuss. I will do my best to accommodate you.

Late arrival/Cancellations/No Shows

Please ensure you arrive on time for your appointment. If you are running late please email, call or text. I understand about unexpected occurrences. I ask that you respect our arrangements and leave enough time to arrive for your scheduled appointment. If you are running late and I can adjust the appointment time to accommodate you, I will do so. If the appointment cannot be adjusted, then the session time will be the remainder of the time once you arrive. If you are running late but prefer to cancel the appointment instead of receiving a shorter session, you may do so, but will be required to pay the full amount for the scheduled session. If you purchased a package of sessions previously, you will forfeit one of your sessions for the missed appointment.

If you need to cancel or reschedule an appointment, please be sure to do so 24 hours before your scheduled session. If the appointment is canceled in less than 24 hours, you will be charged for the full amount of the scheduled appointment. Exceptions will be made on a case by case basis.

Times when massage is not beneficial: If a client presents signs and/or symptoms of illness that contraindicate massage (fever, undiagnosed rash, contagious infection), the session will be rescheduled. This is to protect the health of both the client and me. If you are feeling ill or unsure of massage, please contact me. You will not be charged for a same day cancellation due to illness.

If you simply do not show up for your session, I will wait 15 minutes after our scheduled session time and then contact you once via the phone number provided on your intake form. If I cannot reach you I will leave a message, however no shows are required to pay the full amount for the session. If you purchased a package of sessions previously, you will forfeit one of your sessions for the missed appointment.

Fees

Customized Therapeutic Massage - \$40/30 minutes; \$70/60 minutes; \$100/90 minutes

Lower Leg/Foot Massage - \$50/45 minutes

Onsite Corporate Chair Massage – varies per location

Payment is due at time of services rendered. These fees are subject to change at any time.

Payments

Payment is expected following treatment. I accept credit card, checks and cash. Exact cash payments are appreciated. In the office, credit card payments are processed through Square or Stripe depending on the type of purchase. Your payment information is encrypted with Square and Stripe and I do not have access to it. Email receipts are provided (optional). Checks are also accepted. Please make checks payable to, "Muscle Artistry". There is a \$25 fee for returned checks because of insufficient funds.

Gift Certificates

Are available upon request. I accept cash, check and credit card for forms of payment for a gift certificate. E-Gift certificates are available on the BOOK NOW page of my website. I do ask you to provide the recipients contact information for bookkeeping purposes.

Monthly Membership

I offer a monthly membership which gives discount of \$10/month for one year. This is a 12 month contract. A credit/debit card must be used for payment. For additional details please contact jen@muscleartistry.com

Privacy

Any treatment or information shared during your session will be held in the strictest confidentiality. All information discussed will not be disclosed to a third party unless forced to do so through legal action. In certain circumstances, I may ask your permission to contact your primary physician or other healthcare provider regarding a pertinent medical condition in order to give you the most appropriate level of care. In this case, I would ask you to complete a Release of Information form.

Marketing

Occasionally I send out announcements, newsletters, and educational information.

If you **do not** wish to receive these, please check here: _____

Ethics and Conduct

It is my duty as a licensed massage therapist to uphold a code of ethics. I am dedicated to providing the highest quality of care to those who seek my professional service. Consent must always be given for any massage procedure.

I have zero tolerance for sexual misconduct. My space is a therapeutic environment and I strive to support your overall well-being. Sexual behavior by the client toward the therapist is always unethical and inappropriate. Such behavior will result in immediate termination of the session with payment due in full.

Anyone under the age of 18 will not be seen without a parent or guardian present in the treatment room

Printed Name: _____

Signature: _____ Date: _____

Jennifer Studebaker, LMT, B.S. Ed

Date