COMMON GROUND
healing arts

MASSAGE THERAPY INTAKE FORM

Client Name:	Date	

Please take a moment to read over the following questions carefully and mark as indicated. Massage Therapy may not be recommended in the case of certain medical conditions or health concerns.

Have you ever experienced a massage?	Y/N		Are you wearing contact lenses?	Y/N
Do you have frequent headaches?	Y/N		Are you wearing dentures?	Y/N
Do you suffer from arthritis?	Y/N		Are you pregnant?	Y/N
Do you have high blood pressure?	Y/N		Do you have diabetes?	Y/N
Please list prescribed medications you take:			Have you ever had cancer? What types?	Y/N
Do you currently have any diagnosed medical diseases or conditions? Please list:	Y/N		Do you have numbness, tingling or stabbing pains? Where?	Y/N
Have you ever had any broken bones, surgeries or serious injuries? Describe:	Y/N		Please list areas of the body that you have chronic pain, tension, stiffness or soreness:	
Are you allergic to aromatherapy scents or do you have a reaction to specific creams or lotions? If so, please be specific:	Y/N		Please list any areas of the body, due to medical conditions or personal preferences, that you would like the therapist to avoid:	
What do you feel is the level of stress in your life right now on a scale of 0-10? If high, please explain possible cause(s):			What are your goals for your massage today?	

By signing below, I understand that the massage therapy I receive is provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension. I understand that massage and/or information provided by Common Ground is not to be construed in any way as a substitute for medical examination, diagnosis or treatment.

I also understand that any inappropriate or sexually suggestive remarks made by me will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment.

CLIENT SIGNATURE _____ DATE _____

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CLIENT INTAKE FORM

Please note: This information is used **exclusively** to provide demographic information for grant proposals and reporting purposes. It will never be shared with any third-party. S/he will always have a conversation with you before beginning any class or treatment by asking if you have any particular concerns or needs.

Name:	Date of Birth:
Address:	
City/State/Zip:	
E-mail Address:	
Preferred Phone:	Employer:
Emergency Contact Name:	Emergency Contact Phone Number:

Please note: The information below will never be shared with a third-party. Aggregate demographic information will be used for grant proposals and reporting purposes. Your personal information ***will not*** *be revealed.* ***THANK YOU!***

1. Gender or Non-conforming: _____
2. Preferred Pronouns _____
3. Race/Ethnicity: _____
4. Military Status: □ Veteran □ Active-Duty Military
5. Where do you live?
   - □ City of Charlottesville
   - □ Albemarle County
   - □ Louisa County
   - □ Other -Virginia
   - □ Fluvanna County
   - □ Nelson County
   - □ Greene County
   - □ Outside of Virginia
6. How many people in your household depend on your annual income? _____
7. What is your household's annual income?
   - □ Less than $14,580
   - □ $14,581-$26,160
   - □ $21,161 - $36,450
   - □ $36,451 - $43,700
   - □ More than $43,701
8. Please rate your general stress level: *(Please circle one)*

1	2	3	4	5
low	below average	average	above average	high

9. How did you hear about Common Ground? (check all that apply)
   - □ Radio Station
   - □ Facebook
   - □ Internet Search
   - □ Print Ad Where? _____
   - □ Other Please Specify: _____
   - □ Physician Name: _____
   - □ CG Board Member Name: _____
   - □ CG Staff Member Name: _____
   - □ Nonprofit Organization Name: _____
   - □ Friend/Family Member Name: _____

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Common Ground Healing Arts is a nonprofit and our mission is to make our wellness services accessible to all. Our massage and acupuncture operate by appointment; therefore, last minute cancellations and missed appointments can have a great impact to our revenue and that of our practitioners. We strive to be flexible and accommodating to your needs; as such, we ask that you be mindful of our nonprofit's organization's sustainability goals when booking appointments. In order to continue offering affordable acupuncture and massage we need to keep our appointment slots full. Missed appointments and/or late cancellations affect our ability to do so.

FINANCIAL POLICY

Common Ground has fixed fees for services and programming. We offer an income based sliding scale to ensure affordability. Call us at 434-218-7677 for details.

While we are operating remotely, Common Ground cannot accept checks or cash. Payment must be made in advance.

We do not bill insurance or provide information to insurance companies. If you need a receipt to submit to your insurance/flex plan, we will be happy to provide one.

LATE POLICY

Please arrive 15 minutes early for your first appointment and a few minutes early for subsequent appointments to allow for a stress-free check-in, changing clothes and/or a little pre-treatment decompression time.

We understand the unpredictability of traffic, weather and life, so we will do our best to accommodate you. We must honor our other clients and our practitioner's schedules. If you arrive more than 10 minutes late and we are unable to accommodate you, it will be deemed a missed appointment.

MISSED APPOINTMENTS & CANCELLATION POLICY

We hope that you will not need to cancel your appointment. We do our best to meet your scheduling needs and request that you honor our cancellation policy. We require 24-hours' notice if it is necessary to cancel or reschedule an appointment.

All appointments that are rescheduled or cancelled with less than 24 hours advance notice, or appointments that are missed, will be charged a late fee of $20.

We appreciate your compliance with this policy. It helps us to provide our community with high quality, affordable health care services.

I agree to the above policies:

Name (please print)	Signature	Date