

MASSAGE THERAPY INTAKE FORM

Client Name _____

Birthday _____

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
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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:
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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:
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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?
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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 _____



CLIENT INTAKE FORM

Please note: The information we request is for use in providing demographic information for grant proposal and reporting purposes. It will never be used in connection with your name or shared with any third-party. It will not be shared with your Common Ground practitioner or teacher. 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:	Birthday:
Address:	
City/State/Zip:	
E-mail Address:	
Preferred Phone:	Employer:
Emergency Contact Name:	Emergency Contact Phone Number:

1. Gender: _____

2. Race/Ethnicity: _____

3. Military Status: I am a veteran I am active duty military

4. Where do you live?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> City of Charlottesville | <input type="checkbox"/> Albemarle County | <input type="checkbox"/> Louisa County | <input type="checkbox"/> Other -Virginia |
| <input type="checkbox"/> Fluvanna County | <input type="checkbox"/> Nelson County | <input type="checkbox"/> Greene County | <input type="checkbox"/> Outside of Virginia |

5. How many people are in your household? _____

6. What is your household's annual income?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$40,001 - \$50,000 | <input type="checkbox"/> \$60,001 - \$70,000 |
| <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$30,001 - \$40,000 | <input type="checkbox"/> \$50,001 - \$60,000 | <input type="checkbox"/> More than \$70,000 |

7. How did you hear about Common Ground?: (check all that apply)

- | | | |
|---|---|-------------|
| <input type="checkbox"/> Radio Station | <input type="checkbox"/> Physician | Name: _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> CG Board Member | Name: _____ |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> CG Staff Member | Name: _____ |
| <input type="checkbox"/> Print Ad Where? _____ | <input type="checkbox"/> Nonprofit Organization | Name: _____ |
| <input type="checkbox"/> Other Please Specify: _____ | <input type="checkbox"/> Friend/Family Member | Name: _____ |

8. Do you have any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Respiratory condition (asthma, COPD, lung disease) | <input type="checkbox"/> Depression or Anxiety |
| <input type="checkbox"/> Circulatory condition (high blood pressure, heart or kidney disease, blood clots) | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Chronic Neck or Back Pain | <input type="checkbox"/> Diabetes |

9. Please rate your general stress level: (Please circle one)

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

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 operates on a sliding scale based on your household's income. The application for sliding scale is available on our website and in our office. Currently, our meditation offerings are donation-based.

Payment is expected at the time of service. Cash, checks and credit cards accepted. Our returned check fee is \$25.

We do not bill insurance or provide information to insurance companies. If you need a receipt to submit to your insurance/flex plan, please request a receipt upon purchase.

LATE POLICY

Please arrive a 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. Lateness causes a chain reaction and we want you to get the most bliss for your buck.

We understand the unpredictability of traffic, weather and life, so we will do our best to fit you in as long as it does not affect the flow of our practitioners and other clients. If we can squeeze you in, your treatment may need to be cut short. 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 adhere to our cancellation policy. In respect for our intention to offer high quality health care at affordable prices, we kindly ask for 24 hour 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 the price of the scheduled session.

We ask that this fee be paid within one week of the missed or late cancelled appointment.

We greatly appreciate your understanding of our need to apply this policy, which helps us continue to serve our community with high quality, affordable health care services.

I agree to the above policies:

Name (please print)

Signature

Date