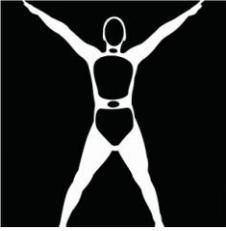


TREATMENT MASSAGE INTAKE FORM



Name: _____	Email: _____
Street Address: _____	Phone (h): _____
City/State/Zip: _____	Phone (w): _____
Birthday: _____	Phone (c): _____
_____	Emergency Contact: _____
_____	Emergency Phone: _____

While you proceed through this intake form, please answer each question honestly. Also, please take the time to elaborate on your answers. The more information you give me, the better I will understand your health situation. Thank you.

MEDICAL HISTORY

Do you have/wear:

- Contact Lenses? Y / N
- Dentures? Y / N
- Difficulty Hearing? Y / N
- Hearing Aids? Y / N
- Other Prosthetic or Difficulty? Y / N

Please list any medications (prescription or non-prescription) that you are taking, or have taken in the past two weeks. Please include the name, dosage, most recent time of taking the medication, and the purpose of the medication (if known). (If you need more space than what is provided, please ask for an additional sheet of paper).

Name of medication	Dosage	Most recently taken on...	Purpose of medication

Do you have any allergies, especially skin allergies (to products found in lotions, etc.)?

Do you currently have any broken skin, such as heavy acne, cuts, sores, rash, etc.? Please include onset and location.

Please describe any injuries, surgeries, or medical condition you have had, or currently have. Please include date of onset, course of treatment, and current status of the condition. (If you need more space than what is provided, please ask for an additional sheet of paper).

Injury/Surgery/Condition	Date of Onset	Treatment	Current Status

Do you have any infectious or contagious disease?

Females:-----
 Are you pregnant or trying to become pregnant? Y / N
 Are you currently in your menses? Y / N
 Do you have difficult or painful menses? Y / N

Please list any areas you always want avoided in your massages:

Please describe your occupation and duties (include number of hours worked per week):

Please describe what you typically do to maintain your health:

How did you find out about Treatment Massage?

Client Signature: _____

Date: _____

**CONTRACTUAL AGREEMENT OF PAYMENT FOR HEALTH CARE SERVICES
AND DISCLOSURE STATEMENT**

1. I hereby agree to pay directly to Treatment Massage such sums as may be due and owing for health care services rendered me.
2. I agree to never rescind this document and that any attempt at recession will not be honored by my attorney or any attorney engaged by me in this matter.
3. I fully understand that I am directly and fully responsible to said health care provider for all health care bills submitted for services rendered me. Further, this agreement is made solely for said health care provider's additional protection and in consideration of their forbearance on payment. I also understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover damages.
4. I agree to pay the full billable amount for any missed, cancelled, or rescheduled appointments for which a 24 hour notice has not been given.
5. I will pay a \$35.00 fee for the first returned check and a \$50.00 fee for the second and all other returned checks. This applies to returned checks for any reason, including insufficient funds.
6. I agree I am personally responsible for all fees incurred by Treatment Massage for recovery of my bill, including but not limited to; attorney fees, lien related fees, collection fees, and current hourly rate for time spent to recover my outstanding bill.
7. If my account needs to be sent to collections for nonpayment, a 100% fee of my current outstanding balance will be added to my outstanding balance to cover this service.
8. Any outstanding fees on my account that are 30 or more days past due will accrue additional late fee equal to 50% of the current outstanding balance. This fee will be assessed and added to the current balance each month on the first of the month.
9. An appointment is specifically for the time booked. If I arrive late for my appointment, it will be shorter accordingly.
10. I understand that massage practitioners do not diagnose illness, disease, or other physical or mental disorders. Massage practitioners do not prescribe medical treatment or pharmaceuticals. I understand that massage is not a substitute for medical examination, or diagnosis, and that it is recommended that I see a physician or nurse practitioner for any physical ailment that I might have. I have stated all my known medical conditions and I am ultimately responsible for the information I have given to the massage practitioner.
11. If I receive services at Treatment Massage and any payment is to be provided through a third party (medical insurance, auto insurance, Washington State Labor and Industries, etc.), I authorize the release of any medical or other pertinent information to process the claim. This includes information held by any insurance company, health care service contractor, health maintenance organization, Multiple Employer Welfare Arrangement, or other organization that has knowledge about me. Should my account need to be addressed by the Washington State Office of the Insurance Commissioner, I authorize all said organizations and agencies to release my medical records and related information to the Washington State Office of the Insurance Commissioner to help resolve any claim or dispute. I also authorize payment to be made directly to the therapist providing care. A photographic copy of this authorization is as valid as the original.
12. This contractual agreement replaces any prior contractual agreement I have had with Treatment Massage.

I, as a client of Treatment Massage, understand and agree to all of the above conditions, requirements, clauses, statements, etc.

Client Name (Printed): _____

Client Signature: _____

Date: _____

(Optional) Electronic Delivery of Personal Health Information (i.e. email)

I authorize Mark Pearlscoff, LMT of Treatment Massage to send my personal health information, medical records, communications, etc. through the un-secured un-encrypted route of electronic transmission known as email. I accept all responsibility and liability for my information being sent through email.

Client Name (Printed): _____

Client Signature: _____

Date: _____

The following regarding vulnerable areas will be discussed at your first appointment. This work is completely optional. Please bring any questions you might have with you.

Informed Consent for Structural Integration of Vulnerable Areas

This document pertains to your voluntarily consent to receive full body, therapeutic massage/structural integration bodywork (herein referred to as bodywork) from Mark Pearlscoff, LMT, with the descriptions, rationales, and patient rights as appear on this side of this form (the "Informed Consent for Structural Integration of Vulnerable Areas"). You will indicate your permission and preference for bodywork, draping, and working with draping, for all the vulnerable areas, as indicated by your initialed choices on the back side of this form.

I am aware that; the intent of the bodywork is therapeutic, and I have the right to:

- Discontinue the entire bodywork session, or any part of the session, at any time and for any reason.
- Request the bodywork be given through a drape rather than directly on my body, at any time for any reason.
- Provide a witness who will be in the room with me while I receive bodywork.

Description of Chest and Breast bodywork for both men and women:

- **Simple:** includes work into the outer margins of the breast tissue, ribs, sternum, and chest wall.
- **Full:** includes work into all the breast tissue, ribs, sternum, and chest wall. Nipples and areolas are included as part of the territory, though not usually treated specifically.

Therapeutic rational for Chest and Breast bodywork includes but is not limited to: help organize the head, neck, shoulder, ribs, and thoracic spine: supporting breathing, blood and lymph circulation, healthy upright posture with an open chest and wide shoulders, freeing and integrating scar tissue, preparing for and/or recovering from surgery, reduce pain in the chest/breast/shoulder and neck, and softening lumpy breast tissue into smooth organized tissue.

Description of Pelvic Floor (perineal) bodywork: includes work into the muscles attachments located on the pelvic bones located between the legs. Genitals are avoided. This bodywork is done through your underwear, or on your skin.

Therapeutic Rational for Pelvic Floor bodywork; including the sacrum, coccyx, pubis, and pelvic floor (perineal) areas: to help organize the core, the pelvis, the spine (especially lumbar region), the thighs, the legs, and the feet: to reduce tension and/or pain in the back, pelvis, hips, thighs, and legs.

Draping and working choices:

Genitals and gluteal cleft below the tip of the tailbone are always draped (by your underwear).

For chest/breast work, you have the following draping choices:

- **Fixed bra:** Your bra stays in place as we work the chest/breast. This option provides the most cover.
- **Movable bra:** Your bra stays in place as we work the chest/breast, but may be adjusted/moved as necessary to work the chest/breast. This might include moving or undoing bra straps, or substituting a larger more flexible drape (i.e. towel) for the bra. This option allows for more work to be accomplished than fixed draping, due to increased access to the chest/breast tissue, while still providing the chest/breast with cover.
- **Remove bra:** Your bra is removed completely for the chest/breast work. The chest/breasts are left bare/uncovered during the chest/breast work. This option allows for even more work to be accomplished than moveable draping, due to full access to the chest/breast tissue and no fabric to in the way to deal with while we work.
- **Never bra:** For comfort reasons, I consent to have the chest/breasts undraped/uncovered for the entire session. Your bra is removed at the beginning of the bodywork session. This option also provides full access.

If we are working the chest/breasts and using draping, you have additional working choices for the chest/breast bodywork:

- **Through drape:** The chest/breast bodywork is done on, and through, the fabric of the drape.
- **On skin:** The chest/breast bodywork is done on skin, underneath the drape, in addition to being done on, and through the drape.