

PERSONAL INFORMATION

Name: _____ Phone: _____
 Emergency Contact Name: _____ Emergency Contact Phone: _____
 Date of Birth: _____ Preferred Pronoun: _____
 Date of Initial Visit: _____ Email (optional): _____
 Home Address: _____

*The following confidential information will be used to help plan safe and effective massage sessions.
 Please answer the questions to the best of your knowledge.*

1. Have you had a professional massage before? () Yes () No
 If yes, how often do you receive massage therapy? _____
2. Do you have any difficulty lying on your front, back, or side? () Yes () No
 If yes, please explain: _____
3. Do you have any allergies to oils, lotions, or ointments? () Yes () No
 If yes, please explain: _____
4. Are you wearing: Contact Lenses () Dentures () Hearing Aid ()?
5. Is there a particular area of the body where you are experiencing chronic tension, stiffness, pain or other discomfort?
 If yes, please identify: _____

MEDICAL HISTORY

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

6. Are you currently under medical supervision? () Yes () No
 If yes, please explain if it is relevant: _____

7. Do you see a mental health care professional? () Yes () No If yes, how often? _____
8. Are you currently taking any medication? () Yes () No
 If yes, please list _____

9. Please check any condition listed below that applies to you:

- | | |
|--------------------------------|---|
| () contagious skin condition | () phlebitis |
| () open sores or wounds | () deep vein thrombosis/blood clots |
| () easy bruising | () joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis |
| () recent accident or injury | () osteoporosis |
| () recent fracture | () epilepsy |
| () recent surgery | () headaches/migraines |
| () artificial joint | () cancer |
| () sprains/strains | () diabetes |
| () swollen glands | () decreased sensation |
| () allergies/sensitivity | () back/neck problems |
| () heart condition | () fibromyalgia |
| () high or low blood pressure | () TMJ |
| () circulatory disorder | () carpal tunnel syndrome |
| () varicose veins | () tennis or golfer's elbow |
| () atherosclerosis | () nervous system dysregulation |
| () mental health diagnosis | () autoimmune disorders including HIV/AIDS |

TRAUMA-INFORMED MASSAGE THERAPY

I understand that trauma-informed massage therapy is not psychotherapy, somatic therapy or trauma therapy. It is massage therapy performed with a tailored set of skills to create safety and support for people who experience dysregulation in their nervous system. I know that I will not be asked any questions about my personal history during a session. I acknowledge that the massage therapist will not attempt to elicit any emotional or psychological response during a massage. Furthermore, I understand that the massage therapist cannot and will not diagnose illness, disease nor any physical or emotional disorder nor perform any spinal manipulation. I am solely responsible for consulting a qualifying medical professional or licensed mental health care provider for any ailments I may have.

ABOUT DRAPING

Draping will be employed throughout the session and in accordance with Utah law which states that a massage therapist must “use appropriate draping to protect the client’s physical privacy and DRAPING is defined as the covering of a client with an opaque material that is sufficiently large to protect their personal privacy. The genitals of any patron and the breasts of a female patron must be covered at all times, except as outlined in 58-47b-501-b. When clients remain dressed as in seated chair massage, sports massage in sporting attire, and limited area spot massage, draping is not required” (Utah Massage Therapy Code of Ethics and Standards of Practice, Standard 1k, p. 1).

LATE START

- I understand that if I arrive late, my session will end at the originally scheduled time so that the massage therapist can stay on schedule.
- I understand that if the massage therapist starts a session late, she will make it up to me at the end of my session when possible and, if not, my fee will be reduced accordingly.
- If I arrive more than 15 minutes late to a session, I understand that I will be asked to reschedule and will be charged 100% of the session price.

CANCELLATION POLICY

I agree to give a minimum of 48-hours’ notice to cancel a scheduled session so that the massage therapist does not lose potential business due to my cancellation. If I cancel with less than 48 hours’ notice or no-show an appointment, I understand and agree that the credit card used to reserve the appointment will be charged 100% of the session price plus a 5% transaction fee. A no-show is defined as not showing up for an appointment at all or arriving 15 minutes late or more.

CONFIDENTIALITY

The client-therapist relationship is treated with the same confidentiality as in any other field of health care. Client notes are treated confidentially and can be shared with other health care providers only with the client’s written permission. In addition, all aspects of conversation are protected by confidentiality except where indicated by Utah law.

SESSION TERMINATION

I understand that massage therapy is a therapeutic health aid, is non-sexual and that a session can be terminated at any time due to inappropriate behavior or language. I understand that in the event that a session is terminated, I am responsible for paying the full amount of the scheduled treatment.

REGARDING EMOTIONAL RELEASE

At times a client may experience a surge or release of emotion during a session (e.g., crying, laughter, sadness, anger, etc.). This is normal. Should this be the case, the client may pause or stop the session as needed. Also considered normal is falling asleep, snoring, gurgling of the stomach, appearance of memories or images, and/or muscle twitching.

SESSION LENGTH

A 60/90/120 minute session is 60/90/120 minutes of actual bodywork. Fifteen extra minutes are scheduled into the appointment to allow for consultation prior to the session, getting disrobed and onto the table, getting dressed afterward and making payment. More than ten minutes of initial consultation reduces the amount of actual massage time.

CHILD POLICY

Children are not allowed in the waiting room or treatment room during a session. If I bring a child with me, I understand that I will be asked to reschedule and a late cancellation fee will apply.

ILLNESS OR CONTAGIOUS DISEASE

I understand that if I am sick or otherwise contagious, receiving bodywork is not in the best interest of my health and poses a risk to the health of the massage therapist as well. I will be asked to reschedule an appointment if I arrive without informing the therapist that I am sick and a late cancellation fee will apply.

COMMUNICATION

Communication between appointments is limited to information related to scheduling and payment. Emailing Salt City Bodyworks via jenny@saltcitybodyworks.com is HIPAA compliant and therefore secure and confidential. Texting is not.

PAYMENT

Salt City Bodyworks accepts all major credit cards, HSA cards, local checks, cash and Venmo. Venmo settings for payments are on “private” so only the client and practitioner see the transaction. Credit card transactions have a 3-4% surcharge when the card is swiped in person and 5% when charged remotely. I understand that the credit card used to reserve the appointment through Square Software is only automatically charged in the event of a no show, cancellation given with less than 48 hours’ notice and any form of non-payment. Payment is due at the time of service. I understand that Salt City Bodyworks reserves the right to send non-payments to a third-party collection agency.

PERSONAL DISCLOSURE

Because 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 and will inform the massage therapist of any relevant change in my health. I agree to waive all claims and to release and hold harmless Salt City Bodyworks from any liability whatsoever arising from or related to failure to do so on my part.

Signature: _____ Date: _____

Signature of Guardian: _____ Date: _____