

# Fort Collins CommUnity Acupuncture & Massage

149 W. Harvard St., Fort Collins, CO 80526 970-282-8300

## Massage Therapy - New Client Intake Form

Name _____	Date of Birth _____	
Address _____	City _____	Zip _____
Phone _____	Email _____	
Occupation: _____	Hobbies: _____	
Emergency Contact and Phone _____		
Today's Date: _____		

How did you hear about FCCA Massage? \_\_\_\_\_

Describe briefly your concerns, i.e. what brought you here today? \_\_\_\_\_

What daily activities are affected by your condition, stress, or pain? \_\_\_\_\_

Medications you presently take and for what conditions? \_\_\_\_\_

Surgeries and/or injuries within the past 5 years? \_\_\_\_\_

Are you currently pregnant? Yes \_\_\_ No \_\_\_ Due Date: \_\_\_\_\_

Chronic conditions you would like us to be aware of? \_\_\_\_\_

Are you comfortable having therapeutic massage on the following areas:

Scalp Yes No

Face Yes No

Pectoral muscles Yes No

Abdomen Yes No

Gluteal region Yes No

Feet Yes No

Please tell us if you have any of the following? (\*Star\* issues that are most consistent and explain, using the back if needed)

Allergies (nuts, scents, etc.) \_\_\_\_\_

Anxiety \_\_\_\_\_

Arthritis \_\_\_\_\_

Blood clots \_\_\_\_\_

Blood pressure (high or low) \_\_\_\_\_

Cancer \_\_\_\_\_

Diabetes \_\_\_\_\_

Digestion problems \_\_\_\_\_

- Fibromyalgia \_\_\_\_\_
- Headaches (tension or migraine) \_\_\_\_\_
- Heat sensitivity (hot or cold) \_\_\_\_\_
- Heart problems \_\_\_\_\_
- Infections \_\_\_\_\_
- Injuries \_\_\_\_\_
- Insomnia \_\_\_\_\_
- Immune system issues \_\_\_\_\_
- Lupus \_\_\_\_\_
- Pain (chronic, joint, muscle, nerve, other) \_\_\_\_\_
- Skeletal system conditions \_\_\_\_\_
- Skin conditions (acne, brushing, rash) \_\_\_\_\_
- Stroke history \_\_\_\_\_
- Varicose veins \_\_\_\_\_
- Other condition \_\_\_\_\_

### Informed Consent

I declare that the information I have provided is correct to the best of my knowledge.

I understand that information submitted to FCCA Massage is held in strict confidence and will not be released without my written consent.

I understand that the representatives of FCCA Massage do not claim or imply that services, advice, suggestions either in person, through email or telephone will cure or prevent any disease or condition.

I acknowledge that the representatives of FCCA Massage recommends that I remain on any and all prescriptions that I may be taking at present and continue with current medical care.

I further declare that my healthcare is my responsibility and that FCCA Massage is not accountable for any consequences of my decisions regarding my healthcare.

I understand, acknowledge, and voluntarily accept the risk associated with massage services, use of your facilities, and I hereby release you (including our affiliates, agents, and employees) from liability for any injury or claim (including, without limitation, personal, bodily, or mental injury, property damage or economic loss), which may result from your massage(s), my failure to disclose any pre-existing condition, limitation or sensitivity, or my failure to inform my therapist of discomfort during my session.

Our therapists agree to adhere to a strict code of conduct designed to provide a safe, professional, and therapeutic environment for our patients and staff. In a professional relationship sexual intimacy is never appropriate and should be reported to the Director of the Division of Registration in the Department of Regulatory Agencies. If you have concerns about your experience, please bring it to the attention of management immediately. Your privacy is respected and male/female genitalia and women's breasts will not be exposed or massaged. Modest draping is used at all times. If you feel uncomfortable for any reason, ask your therapist to end the session. If you feel any discomfort, ask your therapist to adjust the pressure or heat, or you may end the session at any time.

### Payment and Appointment Policies

I understand that I am responsible to pay for my scheduled appointment in full with cash, check or approved credit card on the date such service is rendered. Returned checks will be charged a \$20.00 service fee. **If I miss an appointment without giving at least 24 hour notification, I understand I will be billed the full session rate** (whether that appointment is prepaid or paid hourly), unless: 1. The appointment can be filled by another client, in this case your payment will be pro-rated to your next appointment or, 2. There is an approved emergency as determined on a case-by-case basis.

I have read, understood, and agree to the terms as stated by FCCA Massage.

Signature \_\_\_\_\_ Date \_\_\_\_\_