

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Referred by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**OBJECTIVES**

Have you received professional bodywork before?    Y    N

What are your short- and long-term goals regarding your health? \_\_\_\_\_

Please list activities you enjoy: \_\_\_\_\_

**CURRENT / PAST CONDITIONS**

Current area(s) of complaint: \_\_\_\_\_

How did this condition develop? \_\_\_\_\_

Please list any injuries or surgeries experienced in the past five years: \_\_\_\_\_

Please list any over-the-counter, prescription medications, or supplements you are currently taking: \_\_\_\_\_

Please circle all that apply to you:

- |                   |                                |                            |                       |
|-------------------|--------------------------------|----------------------------|-----------------------|
| Blood Clots       | Diabetes                       | Tension/Migraine Headaches | Neck Pain             |
| Pregnancy         | Heart Disease                  | Trouble Sleeping           | Low Back Pain         |
| Allergies         | High/Low Blood Pressure        | Depression/Anxiety         | Tension across        |
| Tops of Shoulders |                                |                            |                       |
| Cancer            | Swelling/Edema                 | Fatigue                    | Pain between Shoulder |
| Blades            |                                |                            |                       |
| Broken Bones      | Arthritis                      | Digestive Problems         |                       |
|                   | Numbness/Tingling in Legs/Feet |                            |                       |
| Convulsions       | Infectious Disease             | Skin Problems              | Numbness/Tingling in  |
| Arms/Hands        |                                |                            |                       |

Other: \_\_\_\_\_

**INFORMED CONSENT**

I understand that the massage/ bodywork I receive is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, and offer a positive experience of touch. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/ or strokes may be adjusted to my level of comfort. I further understand that massage is not a substitute for medical examination, diagnosis or treatment. I understand that massage therapists are not qualified to perform spinal adjustments, diagnose, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. I affirm that I have stated all my known medical conditions and answered all questions honestly. I understand that there shall be no liability on the practitioner's part should I fail to update the therapist as to changes in my health status. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I have read, understand, and agree to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **MASSAGE POLICIES**

In order to eliminate any confusion about what you can expect of us or what we expect of you, please read the following **BEFORE** your massage.

### **PAYMENT**

**Payment is expected at time of service.** If you have health insurance or other third party payer that covers massage we will be happy to file it for you. You will have to pay at the time of service and when/if your insurance pays your claim you will be reimbursed the dollar amount we receive for the services provided. Please recognize insurance may pay all, none, or a portion of your massage.

### **CANCELLATIONS**

If cancellation is necessary, please give 24-hour notice by calling 919-844-6560. **Failure to give 24-hour notice or failure to show up results in a \$50 late-cancellation fee.**

Occasionally a therapist will be sick. If so, we will notify you as soon as possible.

If you have a cold or flu, please reschedule your appointment. You will not be charged a cancellation fee for this type of cancellation. We need your support to maintain the health of our therapist and clients.

### **APPOINTMENT TIMES**

We are available for appointments during our business hours each week and do our best to fill your desired time. If you desire a preferred appointment time, it is recommended that you book at least a week in advance.

**Sessions begin and end at scheduled times.** If a session begins late due to the client arriving late, the session will be shorted by an equal amount of time. The client is still charged for the full time period.

### **PROFESSIONALISM**

We provide our clients with a competent and professional massage session each time they come for an appointment, addressing the client's specific needs for that session.

We perform services for which we are qualified. We refer to appropriate specialists when work is not within our scope of practice and/ or not in the client's interest.

You can be assured that privacy and confidentiality is maintained at all times.

Clients are treated with respect and dignity. Personal and professional boundaries are respected at all times. Clients are covered with a sheet at all times during the session. Only the parts of the body being worked on are exposed at any time. The genitalia and breasts are never exposed or massaged.

All supplies used are clean and safe. Before each new session we put fresh clean sheets on the table.

Please be clean, having showered the same day as the session.

We do not perform massage on anyone under the influence of alcohol or drugs.

Sexual harassment is not tolerated. If the therapist feels their safety is being compromised, the session will be stopped immediately.

**Please turn off all pagers and cell phones during your session.**

Tipping the therapist is allowed and greatly appreciated.

*Ashforth Chiropractic*

**Confidential Client Information**

*Massage Therapy:  
Julia L. Fici, LMBT (NC#6855)*

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