 907-746-3270 810 S Colony Way, Palmer, Alaska 99645

**Client Contact Information**

Name/Date

Mailing Address

Physical Address

City/State/Zip

Email

Home Phone

Work Phone

Emergency Contact name/phone

Are you okay to receive email/text messages to confirm appointments and for correspondence?

Have you ever received a professional massage? If so, when?

Are you seeking insurance reimbursement? If so, please complete the Billing Information form.

Type of insurance coverage for this claim: Car collision Private health insurance

How did you hear about Wild Iris Integrative Massage?

**Massage Information**

What are your goals/expected outcomes for receiving massage/bodywork?

How do you feel today?

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these interfere with your activities of daily living (e.g. sleep, exercise, work, childcare)? Yes No

Please list any medication that you are currently taking

Please list any surgeries including dates

Please list any injuries/accidents/conditions including dates

Do you have any allergies to any oils or food products that you are aware? If so, what?

Are you wearing contact lenses? Yes/No

Are you wearing dentures? Yes/No

Are you wearing a hairpiece? Yes/No

Are you pregnant? Yes/No

Is there anything else about you that you would like for the massage therapist to know?

**Consent for Treatment**

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of the session given should be construed as such. Because massage/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. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the part of the practitioner should I fail to do so. 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. Understanding all of this I give consent to receive care.

 Signature/Date: