

# Rising Moon Medical Massage

## CLIENT INTAKE FORM

### PERSONAL INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Number \_\_\_\_\_ Referred by \_\_\_\_\_

Email address \_\_\_\_\_

INITIAL	OFFICE POLICIES
	I understand that payment is due at the time of service.
	I agree to give at least 48 hours notice of cancellation of appointment or pay for my appointment time in full. Payment for late cancellations or missed appointments is patient responsibility and is due in full before rebooking missed appointments.
	I agree to inform my therapist of any changes to my health/vaccination history.
	This is a natural scent-only office. Please do not wear cologne, aftershave, or perfume to your appointment. It does not wash out of my linens and you will be charged replacement cost.

I, (name) \_\_\_\_\_ give my permission, for my therapist/practitioner to take notes about me, including health history/medical and/or personal information that I choose to disclose.

This information may be shared with my surgeon/doctor for the purpose of providing coordinated and optimal care.

I understand this information may also be used to contact me for the purpose of scheduling appointments and may be shared with employees of Michelle Rankin and Rising Moon Massage as needed for the purpose of my massage treatment plan.

In addition, Michelle Rankin may communicate with me about my appointments via text at the number above and via email at the address above.

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

## REASON FOR VISIT

Primary reason for visit \_\_\_\_\_

When did you first notice it? \_\_\_\_\_

What brought it on? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

What provides relief? \_\_\_\_\_

Is this an \_\_\_ auto or \_\_\_ job-related accident? If yes, in which state did it occur? \_\_\_ Claim # \_\_\_

Describe any stressors occurring at the time \_\_\_\_\_

Is this condition getting worse? Describe \_\_\_\_\_

Does it interfere with work \_\_\_\_\_ Sleep \_\_\_\_\_ Recreation \_\_\_\_\_ Other \_\_\_\_\_

What other treatment are you receiving for this problem? \_\_\_\_\_

Have you had massage/bodywork before? \_\_\_\_\_ What type? \_\_\_\_\_

How was this experience? \_\_\_\_\_

What would you change about your prior bodywork experience? \_\_\_\_\_

What would you like to accomplish both today and over the course of your treatment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HEALTH INFORMATION

Are you currently under the care of a healthcare provider(s)? \_\_\_\_\_

Reason(s) \_\_\_\_\_

Name of Practitioner(s) \_\_\_\_\_ Location \_\_\_\_\_

Current Medications & /or Supplements/Remedies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received a Covid vaccine? \_\_\_\_\_ Which vaccine? \_\_\_\_\_ Dates \_\_\_\_\_

Reaction/concerns \_\_\_\_\_

Have you tested positive for Covid? If so, please describe your illness and lingering concerns \_\_\_\_\_

\_\_\_\_\_

Allergies - specify allergen & reaction \_\_\_\_\_

Surgical History (year/type) &/or Recent Procedures \_\_\_\_\_

\_\_\_\_\_

Hospitalizations \_\_\_\_\_

\_\_\_\_\_

Accidents or Traumas \_\_\_\_\_

\_\_\_\_\_

Falls/Injuries to Sacrum/head/back/tailbone (describe) \_\_\_\_\_

\_\_\_\_\_

Do you have a history of abuse or trauma? \_\_\_\_\_

Do you have a history of blood clots? \_\_\_\_\_

Do you have venous insufficiency? \_\_\_\_\_

Do you experience pain when sitting? (describe) \_\_\_\_\_

Women, where are you in life's cycle? \_\_\_\_\_

Birth control? \_\_\_\_\_

Do you use Tobacco? \_\_\_\_\_ Quantity \_\_\_\_\_ Alcohol? \_\_\_\_\_ Quantity \_\_\_\_\_

PLEASE REVIEW AND CHECK THE FOLLOWING

Please mark (X) for present and (P) for past

Circulatory

- \_\_\_ Blood Clots
\_\_\_ Unexplained or Sudden Calf Pain
\_\_\_ Anemia
\_\_\_ Hemophilia
\_\_\_ Pacemaker
\_\_\_ High Blood Pressure
\_\_\_ Low Blood Pressure
\_\_\_ Raynaud's Disease
\_\_\_ Varicose Veins
\_\_\_ Cold hands/feet
\_\_\_ Phlebitis
\_\_\_ Varicose Veins
\_\_\_ Diabetes
\_\_\_ Other Circulatory Issues

Nervous System

- \_\_\_ ALS
\_\_\_ Multiple Sclerosis
\_\_\_ Parkinson's Disease
\_\_\_ Bell's Palsy
\_\_\_ Trigeminal neuralgia
\_\_\_ Neuritis
\_\_\_ Stroke
\_\_\_ Vaccine injury
\_\_\_ Sciatica
\_\_\_ Restless Leg
\_\_\_ Seizures
\_\_\_ Numbness/Tingling
Where?
\_\_\_ Other Nervous System Issues

Skin

- \_\_\_ Fungal Infections
\_\_\_ Keloid Scarring
\_\_\_ Warts
\_\_\_ Athletes Foot
\_\_\_ Large Moles
\_\_\_ Ulcers
\_\_\_ Dermatitis
\_\_\_ Psoriasis
\_\_\_ Impetigo
\_\_\_ MRSA
\_\_\_ Other Skin Issues

Respiratory

- \_\_\_ Pneumonia
\_\_\_ Sinusitis
\_\_\_ Frequent Colds
\_\_\_ Asthma
\_\_\_ Trouble Breathing
\_\_\_ Dizziness
\_\_\_ Other Respiratory Issues

General

- \_\_\_ Chronic Fatigue
\_\_\_ HIV/AIDS
\_\_\_ Lupus
\_\_\_ Kidney Disease
\_\_\_ Bladder Infection
\_\_\_ Pins and Needles feeling
\_\_\_ Edema or swollen ankles
\_\_\_ Insomnia
\_\_\_ Sleep Apnea
\_\_\_ Anxiety/Panic Attacks
\_\_\_ Depression
\_\_\_ Cancer
Other

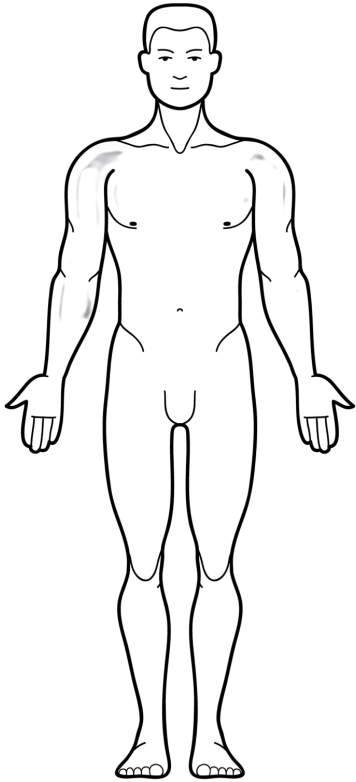
Musculoskeletal

- \_\_\_ Fibromyalgia
\_\_\_ Spasms/Cramps
\_\_\_ Sprains/Strains
\_\_\_ Osteoporosis/Osteopenia
\_\_\_ Postural Deviations
\_\_\_ Gout
\_\_\_ Osteo/Rheumatoid Arth.
\_\_\_ TMJ Disorder
\_\_\_ Herniated Disks
\_\_\_ Spine Fusion
\_\_\_ Cysts
\_\_\_ Bursitis
\_\_\_ Tendonitis
\_\_\_ Torticollis
\_\_\_ Disc Herniation
\_\_\_ Whiplash
\_\_\_ Carpal Tunnel Synd.
\_\_\_ Sciatica
\_\_\_ Thoracic Outlet Syndrome
\_\_\_ Ankylosing spondylitis
\_\_\_ Headache
\_\_\_ Muscle Pain or Cramps
\_\_\_ Leg Pain
\_\_\_ Arm Pain
\_\_\_ Shoulder Pain
\_\_\_ Low Back Pain
\_\_\_ Mid Back Pain
\_\_\_ Hip Pain
\_\_\_ Neck Pain
Other

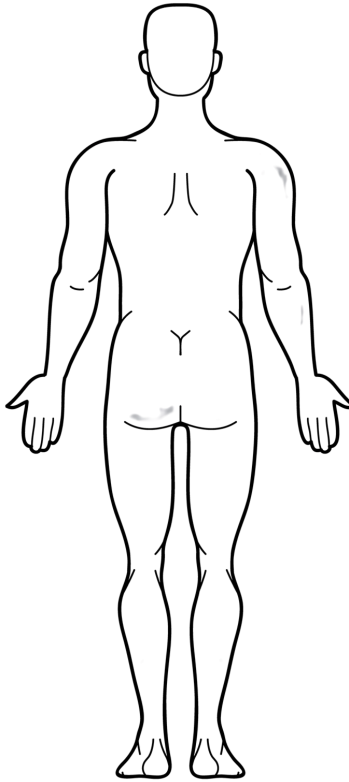
Any other health problems not mentioned above?

PLEASE MARK AREAS OF PAIN

Front



Back



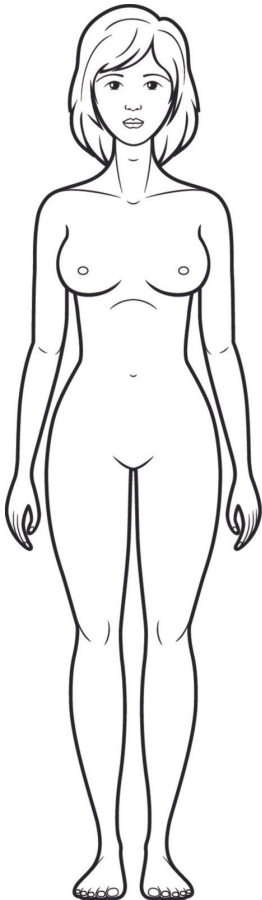
Left



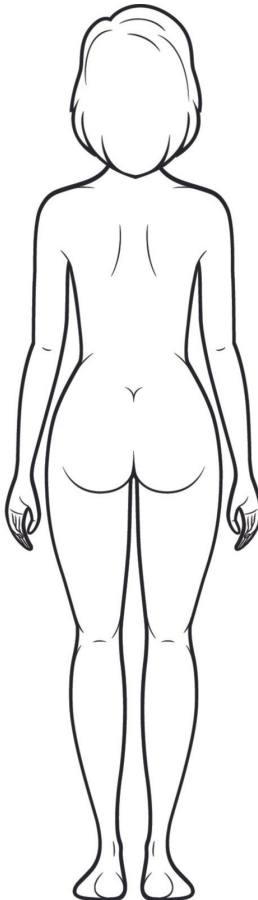
Right



Front



Back



Left



Right



## RISING MOON MASSAGE WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I understand that Massage, Manual Lymphatic Drainage, and Manual Therapy Services are for the purposes of stress reduction, pain reduction, relief from muscle tension, and support healing.

I have stated all of my known physical conditions, medical conditions, and medications to Michelle Rankin, and I will keep my massage therapist updated on any changes.

I understand that treatment with Michelle Rankin/Rising Moon Massage/Rankin Coaching, LLC is not a substitute for medical care and/or diagnosis and it is recommended that I see a qualified professional for any physical or mental conditions that I may have.

Michelle Rankin does not diagnose medical illness, disease, or any other physical or mental conditions and nothing said during the session should be construed as such. Michelle Rankin does not prescribe medical treatment of pharmaceuticals, nor does she perform any chiropractic treatments or spinal manipulations.

If at any point during the Massage and/or Manual Therapy Service I am uncomfortable or uneasy with the treatment being administered and/or if I experience pain, I understand and hereby agree that it is my responsibility to immediately inform the massage therapist, so that the massage therapist may modify massage strokes and pressure to a level of comfort and/or terminate the Massage and/or Manual Therapy Services, if appropriate.

I voluntarily agree to assume all risks involved in receiving Massage and/or Manual Therapy. I give my consent for any Massage and/or Manual Therapy Services provided on the signature date of this document and for any future and past massage therapy sessions. I have read this document and hereby freely give my permission to be massaged and acknowledge and agree that I am doing so at my own risk. My health and safety with respect to all Massage and/or Manual Therapy Services are my sole responsibility. I acknowledge that my receipt of Massage and/or Manual Therapy Services from Michelle Rankin/Rankin Coaching, LLC/Rising Moon Massage may result in bodily injury to me. My decision to receive Massage and/or Manual Therapy Services from Michelle Rankin is voluntary, and I know, understand and assume any and all risks associated therewith.

By signing this document and in exchange for receiving Massage and/or Manual Therapy Services I, for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge, and agree to hold harmless for any and all purposes, Michelle Rankin/Rising Moon Massage/Rankin Coaching, LLC, its members officers, employees, and agents from any and all liability for any and all injuries, including death, damages, claims, or demands relating to or resulting from the receipt of the Massage and/or Manual Therapy Services, now or in the future, foreseen or unforeseen.

I further agree to indemnify and hold Michelle Rankin/Rising Moon Massage/Rankin Coaching, LLC, its members, officers, agents, and employees, harmless from and against any and all claims, rights, damages, liabilities, losses, costs, and expenses (including court costs and attorney's fees) arising from or in connection with any injuries to me or other persons or damage to property caused by or attributed to me in connection with my receipt of Massage Services and/or Manual Therapy Services.

Client Printed Name \_\_\_\_\_

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

Therapist signature \_\_\_\_\_ Date \_\_\_\_\_