

Thank you for scheduling an appointment with me.

Please fill out my intake form to the best of your ability, and sign the consent after reviewing each section

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I am choosir therapist wi	ng to receive I th all informa any changes i	ge Therapy Massage therap tion regarding r in my health. I h	y, and I com	onditions I	am awar	e of and v	will upda	ite my
 Signature of	 Date							
For minors,	please add th	e signature of a	parent or	legal guardi	ian:			
 Signature	Relationsh	in		-	 Date		-	
	Neiationsii	· P		-				
Client inf	formation							
				Birth				
Name _				date				
Address _ City		State		Unit # Zip				
Phone:	home	State _	mobile			work		
Email	_					_		
Occupation	1							
Emergency	Contact			phone _				
	relationship _							
•		Massage For Seat	tle					
Have you had massage therapy before				Approximate date of last massage				
Goals for th	nis massage se	ssion						

Client basic health information

For section below, please make comments where appropriate. Injuries, Surgeries, Major Illnesses - date and treatment provided Do you currently have a fever, infection, inflammation, skin rash, athlete's foot, wart, or other contagious disease? () Yes: please describe: Do you currently have a headache, any muscle aches or pains? () Yes: please describe: Are there any aches or medical complaints that you often have, but not right now? () Yes: please describe: Any other problems or conditions with your muscles? () Yes : please describe: Please describe any allergies. Are you pregnant, recently pregnant or nursing? () Yes Any respiratory system conditions? () Yes: please describe below: Any problems or conditions with your bones? () Yes: please describe below: Any heart or circulatory system conditions? () Yes: please describe below: Any problems or conditions with your immune system? () Yes: please describe below: Any Endocrine system conditions () Yes: please describe below: Any nervous system conditions? () Yes: please describe below: Self Care and Stress Reduction techniques: current medications

Privacy Practices

Massage For Seattle Inc. (MFS) is dedicated to excellence and integrity for the massage and bodywork profession. Our confidentiality and privacy practices are as follows:

Maintenance/Retention/Storage of Client Records

Hardcopy records will be maintained in a confidential manner when not in use by the practitioner. Client records will be stored for a period of seven (7) years from the date of the client's most recent massage service at MFS. After that seven-year period the client records will be destroyed unless MFS is notified in writing by the client to request the client records be returned to the client.

Email

MFS uses email in its regular course of business for general correspondence and scheduling. Emails are not maintained as an ongoing part of the client's records unless they are specifically copied into the client's file.

Client Rights

Clients may request, in writing, to see or obtain a copy of their records. The client may request that corrections be made if they identify errors or mistakes. Access to records will be made by appointment, within 30 days of receipt of written request. A fee may be charged for copying and sending requested records. Requested records are sent standard US mail unless the client requests they be sent via express mail (at client's expense.)

Use of Client Records

Client records are for the sole use of MFS. No records or information will be released without the written authorization of the client except as follows: As compelled by law (such as a subpoena), Ancillary service providers such as bookkeepers, MINDBODY (scheduling and bankcard services), or any other bankcard service providers may have access to: client names; financial transactions between the client and MFS; and related information to such transactions. MFS will only use vendors with appropriate non-disclosure or confidentiality agreements.

Draping, table temperature, and other adjustable considerations.

Notwithstanding the current draft rules¹ that the Washington State Board of Massage is considering, or my longstanding practice of using standard draping techniques with most of my clients, I feel that it is your right to be as comfortable as possible with regard to draping. That being said, clear communication between you and your therapist is very important and having that communication prior to the massage is the most ethical way to approach this. Hence this form: a guide for discussion and a CYA for me for those clients who don't want to cover theirs.

Please consider your level of comfort and modesty and choose the draping style(s) that works best for you and allows you to have the minimal amount of clothes on to be comfortable. Completely naked under the sheets with standard draping should maintain both warmth and modestly. Please initial where appropriate. Do not request a less modest draping style after you are already on the table and under the top sheet unless you are having an emergency situation. That is, if you know you might not want a top sheet let me know **before** the massage begins, even if you want to begin with a sheet and blanket. Removing your own sheet without prior consent is grounds to stop the massage.

Also, please let me know if you prefer the table to be warmer or cooler. I usually have it set a degree or two above body temp unless I know in advance to shut it off or raise it up. Having more or fewer blankets is also an option. Sadly, the room itself is not as easy to adjust.



Section A (for all clients):
No draping at all.

Just like it says

Loose draping for warmth only.



Your draping preference is about maintaining warmth, but you like having the

1 According to one of the most recent drafts:

Licensed massage practitioners shall use safe and functional coverage and draping practices during the practice of massage when the client or patient is disrobed. The drape(s) must be sufficient to ensure the genitals, gluteal cleft, and the breast area of the client or patients are not exposed. Safe and functional coverage/draping means:

The licensed massage practitioner explains, maintains and respects coverage and draping boundaries; and.

Massage or movement of the body does not expose genitals, gluteal cleft or breast area.

With informed and written consent of the client or patient, the gluteal and breast drapes may be temporarily moved in order to perform therapeutic treatment of the area.

sheets looser and aren't concerned about inadvertent exposure of your body

Standard Draping

(see footnote on the prior page for description). This is my default drape, and without you choosing a different option, this is what I will use with you.

Adjustable arm rest. If you like your arms forward and supported, please ask for the armrest to be adjusted.



Likewise, the face

cradle is adjustable, eye pillows and body cushions are available, and the table can be set up so you can be semi-recumbent. My goal is that you are comfortable safe and secure.

Section B (Variations on breast drapes)



For standard draping I use a breast drape for working on the abdoman of women. Let

me know if you **do not** want one used

For Lomi clients I generally do not use a breast drape. _____

A loose hand towel is also an option. _____



If you want more than
a loosely placed towel as a breast drape,
please consider a different treatment style
as the Temple Style Lomi work that I was

taught calls for long strokes along the side of the body.

Section C (Lomi variations)

For my lomi clients I use a sarong as the

drape. Most of the massage time it is folded up to cover the genitals or gluteal cleft, but at points it is fanned over and off the client.





If you want to maintain a bit more coverage while the sarong is fanned, a hand towel can be set under and in place of the sarong, so while the sarong is lifted, the towel stays in place

Other		
(/		

Lomi breast drape photo,

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