Oak Essentials Wellness - New Client Intake Form

Name: ____________________________________ **Date:** ________________

D.O.B. ___________________________ **Gender (optional):** _______________

Occupation: ____

Email Address: ____________________________________ **Phone:** ________________

Address: ____

Emergency Contact: ________________________________ **Phone:** ________________

Emergency Contact Relationship to You: _______________________________________

How did you hear about us? ____

Doctor - Physician Name: ____________________________ **Phone:** ________________

Cause of Injury or Concern: ____

How long since first noticed: ____

Describe your treatment goals: ____

Past treatment: ____

Please mark any of the following existing conditions that you have:

Respiratory:

- ☐ Asthma
- ☐ Shortness of Breath
- ☐ Bronchitis
- ☐ Chronic Cough
- ☐ Emphysema

Cardiovascular:

- ☐ Blood Clots
- ☐ Cold Hands
- ☐ High Blood Pressure
- ☐ Pacemaker
- ☐ Varicose Veins
- ☐ Cardiovascular Accident
- ☐ Congestive Heart Failure
- ☐ Low Blood Pressure
- ☐ Phlebitis
- ☐ Cerebral-vascular Accident
- ☐ Heart Attack
- ☐ Lymphedema
- ☐ Stroke
- ☐ Cold Feet
- ☐ Heart Disease
- ☐ Myocardial Infarction
- ☐ Thrombosis/Embolism

Skin:

- ☐ Bruise Easily
- ☐ Skin Irritations
- ☐ Hypersensitive Reaction
- ☐ Melanoma
- ☐ Skin Conditions

Head & Neck:

- ☐ Ear Problems
- ☐ Migraines
- ☐ Headaches
- ☐ Sinus Problems
- ☐ Hearing Loss
- ☐ Vision Loss
- ☐ Jaw Pain (TMJD)
- ☐ Vision Problems

Infectious Conditions:

- ☐ Athlete's Foot
- ☐ Respiratory Conditions
- ☐ Hepatitis
- ☐ Skin Conditions
- ☐ Herpes
- ☐ HIV

Women:

- ☐ Gynecological Conditions
- ☐ Pregnancy

Soft Tissue / Joint Dysfunction:

- ☐ Ankles (Left)
- ☐ Feet (Left)
- ☐ Hips (Left)
- ☐ Legs (Left)
- ☐ Mid Back (Left)
- ☐ Shoulders (Left)
- ☐ Ankles (Right)
- ☐ Feet (Right)
- ☐ Hips (Right)
- ☐ Legs (Right)
- ☐ Mid Back (Right)
- ☐ Shoulders (Right)
- ☐ Arms (Left)
- ☐ Hands (Left)
- ☐ Knees (Left)
- ☐ Lower Back (Left)
- ☐ Neck (Left)
- ☐ Upper Back (Left)
- ☐ Arms (Right)
- ☐ Hands (Right)
- ☐ Knees (Right)
- ☐ Lower Back (Right)
- ☐ Neck (Right)
- ☐ Upper Back (Right)

Family History:

- ☐ Cardiovascular Conditions
- ☐ Respiratory Conditions

Miscellaneous:

- ☐ Allergies
- ☐ Cancer
- ☐ Dizziness
- ☐ Hemophilia
- ☐ Mentall Illness
- ☐ Other Medical Conditions
- ☐ Surgical Pins or Wire
- ☐ Anaphylaxis
- ☐ Crohn's Disease
- ☐ Epilepsy
- ☐ Insomnia
- ☐ Osteo Arthritis
- ☐ Rheumatoid Arthritis
- ☐ Atrificial Joints/Special Equipment
- ☐ Diabetes
- ☐ Fibromyalgia
- ☐ Loss of Sensation
- ☐ Osteoporosis
- ☐ Shingles
- ☐ Arthritis
- ☐ Digestive Conditions
- ☐ Gout
- ☐ Lupus
- ☐ Other Diagnosed Diseases
- ☐ Stress

Neurological:

- ☐ Burning
- ☐ Numbness
- ☐ Cerebral Palsy
- ☐ Parkinsons
- ☐ Herniated Disc
- ☐ Stabbing Pain
- ☐ Multiple Sclerosis
- ☐ Tingling

Please list any medications or drugs you are currently on:

____

____

Do you have any nut or latex allergies: ______________________________________

Any other allergies or other conditions your Licensed Massage & Bodywork Therapist should be aware of:

____

Past injuries, accidents, or surgeries:

____

List any chronic bodily discomforts you may have:

____

Have you had professional massage/bodywork in the past: ______________________

What pressure do you prefer? (*Please Circle*): Light / Medium / Firm / Deep

Are there any areas that you would like your Masage Therapist to avoid working on? (i.e. feet, glutes, hands)

____

Is there anything else that you would like your Massage Therapist to know? (i.e. sensitive to smell, sensitive to heat, have sensitive skin)

____

Are you currently under the care of a medical doctor, chiropractor, or therapist? ________

If yes, what for? ____

Please take a moment to read the following information:

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness and that nothing said in the course of the session given should be construed as such.

I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

I understand that massage is entirely therapeutic and non-sexual in nature. I understand that any illicit or sexually suggestive remarks or advances made by me will in the immediate termination of my session.

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19.

*** I understand if I miss my scheduled appointment without contacting Oak Essentials Wellness 24 hours in advance, Oak Essentials Wellness has the right to charge me for the missed appointment. Please give 24 hour notice via phone call or text to 704-830-4475.

I understand that if I have standing/recurring appointments scheduled and I miss 3 or more of these appointments without cancelling within 24 hours before my scheduled appointment, I will forfeit my time and I will no longer be able to schedule multiple appointments. I will then have to schedule my appointments one at a time.

I understand that all New Clients are required to provide a card to have on file. This will secure your appointment spot. Oak Essentials Wellness will never charge your card without notice.

I understand that requesting to change the length of my appointment is ok, but this needs to be done 24 hours or more before my scheduled appointment. If you need to change your appointment to a shorter length than originally scheduled and you do so less than 24 hours before your appointment or on the day of your appointment, you will still be charged for the original appointment length. For example, if you call the morning of your appointment and ask to change it from 90 minutes to 60 minutes, you will still need to pay for the 90 minute appointment. This policy aligns with our cancellation and no show policy.

Tardiness Policy- appointment times are scheduled and cannot extend beyond the scheduled time to accomodate late arrivals (this includes updating medical forms). *Please plan to arrive on time for your appointment.*

Sickness- massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If you reach out within the 24-hour notice period, cancellation fees may be waived.

Insurance- we do not bill insurance companies; we may provide a reciept for you to submit for reimbursement.

Prepaid Packages and Gift Certificates will expire after one year.

I give permission to Oak Essentials Wellness to contact me via phone, email, and mail.

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

By signing the Client Signature line below, I am verifying that I have read, understand, and will follow the rules & policies at Oak Essentials Wellness:

Client Signature: ____ **Date:** ___________________