Oak Essentials Wellness - 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

Reproductive:

- ☐ Gynecological Conditions
- ☐ Pregnancy

Soft Tissue / Joint Dysfunction:

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

Family History:

- ☐ Cardiovascular Conditions
- ☐ Respiratory Conditions

Neurological:

- ☐ Burning
- ☐ Numbness
- ☐ Cerebral Palsy
- ☐ Parkinson's
- ☐ Herniated Disc
- ☐ Stabbing Pain
- ☐ Multiple Sclerosis
- ☐ Tingling

Miscellaneous:

- ☐ Allergies
- ☐ Cancer
- ☐ Dizziness
- ☐ Hemophilia
- ☐ Mental Illness
- ☐ Other Medical Conditions
- ☐ Surgical Pins or Wire
- ☐ Anaphylaxis
- ☐ Crohn’s Disease
- ☐ Epilepsy
- ☐ Insomnia
- ☐ Osteoarthritis
- ☐ Rheumatoid Arthritis
- ☐ Artificial Joints/Special Equipment
- ☐ Diabetes
- ☐ Fibromyalgia
- ☐ Loss of Sensation
- ☐ Osteoporosis

☐ Shingles ☐ Arthritis ☐ Digestive Conditions

☐ Gout ☐ Lupus ☐ Other Diagnosed Diseases

☐ Stress

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 Massage Therapist to <u>AVOID</u> 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 about our Policies & Procedures:

- 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.
- 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, 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 that a non-refundable prepayment of 50% of the total service cost is required upon booking as a New Client with Oak Essentials Wellness.** I understand that prepayment secures my appointment. I understand that my appointment will be considered confirmed only upon receipt of the required prepayment. I understand that the remaining balance of the total service cost is due upon completion of the service. I understand that if I cancel my appointment less than 24 hours before my scheduled appointment time, the full prepayment will be forfeited. I understand that similarly, failure to attend the scheduled appointment will also result in the full prepayment being forfeited. I understand that to prevent this, I should contact Oak Essentials Wellness directly at 704-830-4475 to cancel or reschedule at least 24 hours before my appointment. I understand that the only acceptable forms of communication regarding canceling my appointment are through phone call and voicemail or text message to Oak Essentials Wellness at 704-830-4475. I understand that social media messages or comments and emails are not accepted forms of communication for cancellations. I understand that if I have questions regarding the prepayment policy, I can contact Oak Essentials Wellness via phone call or text message at 704-830-4475 or via email at info@oakessentialswellnes.com.
- ***Established clients: 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 a 24-hour notice via phone call or text to 704-830-4475.
- I understand that if I have standing/recurring appointments scheduled and I cancel, reschedule, or miss 3 or more of these appointments (whether it be consecutively or sporadically), I forfeit my standing/recurring appointment spot and will no longer be able to schedule multiple appointments. I will have to schedule my appointments one at a time.
- Tardiness Policy - appointment times are scheduled and cannot extend beyond the stated time to accommodate late arrivals (this includes updating medical forms). *Please plan to arrive on time for your appointment.* If you are more than 10 minutes late to a session of 30 minutes or less, more than 15 minutes late to a 60-minute session, or more than 30 minutes late to a 90-minute session, you will be asked to reschedule and you will be charged for the missed session. Of course, we understand that life happens - sometimes there are emergencies or special circumstances. The best thing to do if you are running late to your appointment or if you need to cancel is to contact us ASAP at 704-830-4475.
- Appointment Changes - Requesting to change the length of your appointment is ok, but this needs to be done 24 hours or more before your 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 on 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.
- 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 receipt for you to submit for reimbursement.
- Prepaid Packages- packages will expire after one year.
- Gift Certificates - All Gift Certificates will expire after one year from the purchase date.
- *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:** _____