Sunny Side Of Heaven Massage And Wellness Center

CONFIDENTIAL CLIENT INTAKE FORM

Name | DOB

Address

City | State | ZIP

Email | Phone number

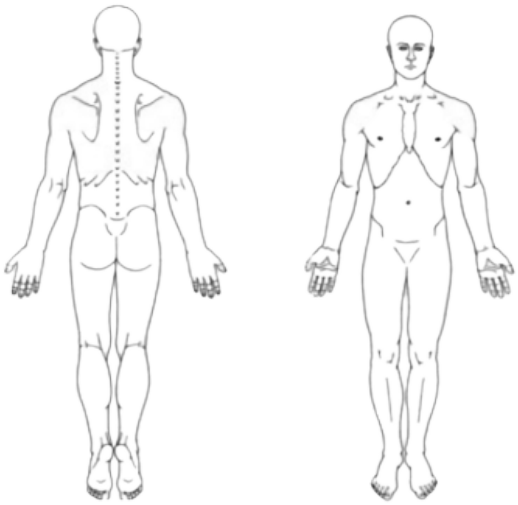
Emergency Contact | Phone

How Did You Hear About Us? | Mobile #

Do you have any of the following?

- ☐ Heart Disease
- ☐ Hepatitis A/B/C
- ☐ HIV AIDS
- ☐ Hormonal Imbalance
- ☐ Hypertension
- ☐ Hypotension
- ☐ Hysterectomy
- ☐ Immune Disorder
- ☐ Keloid Scaring
- ☐ Lupus
- ☐ Menopause
- ☐ Metal Implants
- ☐ Headaches
- ☐ Other
- ☐ Pacemaker
- ☐ Psoriasis Rosacea
- ☐ Skin Disease
- ☐ Spinal Cord Injury
- ☐ Thyroid Disorder
- ☐ Varicose Veins

Please indicate where you are feeling discomfort:



Are you taking any medication? ☐ Yes ☐ No

Describe _____

Are you currently pregnant? ☐ Yes ☐ No

If yes, how many weeks _____

What are your goals for this session?

In the past 14 days have you experienced these symptoms?

- ☐ Fever 101 or higher
- ☐ Shortness of breath
- ☐ Unexplained body aches
- ☐ Loss of taste or smell
- ☐ Coughing/Sore throat
- ☐ None of the Above

Please read the following and sign below:

- I understand that massage is not a replacement for medical care and no diagnosis will be made.
- I answered each question to the best of my knowledge

Date _____ Signature _____

Sunny Side Of Heaven Massage And Wellness Center

DISCLAIMER

- These forms and consents must be used in conjunction with applicable federal and state rules as they relate to the standard of care required for your scope of practice of treatment.
- Nothing stated in these forms should be used to diagnose outside of your scope of practice
- Nothing in these documents or treatment protocols should be interpreted to supersede applicable federal or state rules.

TRUE MASSAGE & BODYWORK LLC ASSUMES NO LIABILITY FROM ANY USE OF THESE FORMS.

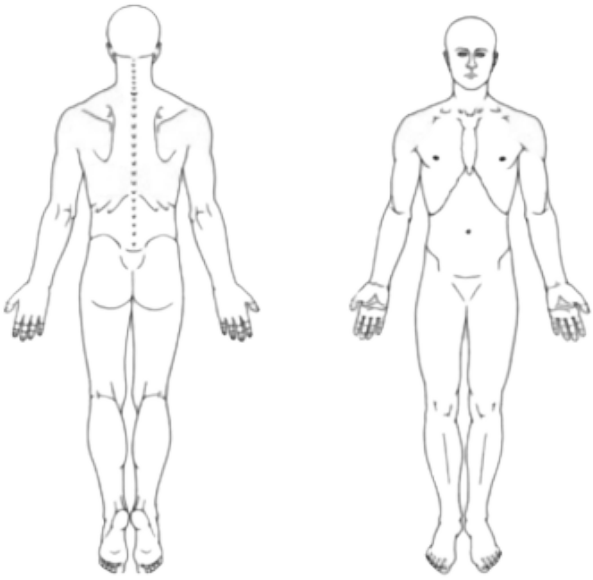
THANK YOU FOR YOUR PURCHASE!

Sunny Side Of Heaven Massage And Wellness Center

CLIENT TREATMENT PLAN

Name | Date

What we focused on today:



Today's Visit

- ☐ Session Type
- ☐ Session Type
- ☐ Session Type
- ☐ Session Type

Notes

TODAY'S TREATMENT PLAN

RECOMENDATION	Date scheduled • Schedule every _____ days/weeks • Recommended of _____ # of treatments
SESSION TYPE	Date scheduled • Schedule every _____ days/weeks • Recommended of _____ # of sessions
SESSION TYPE	Date scheduled • Schedule every _____ days/weeks • Recommended of _____ # of sessions

Date _____ Signature _____

CLIENT SOAP NOTES

FOR INTERNAL USE ONLY

Name	Date

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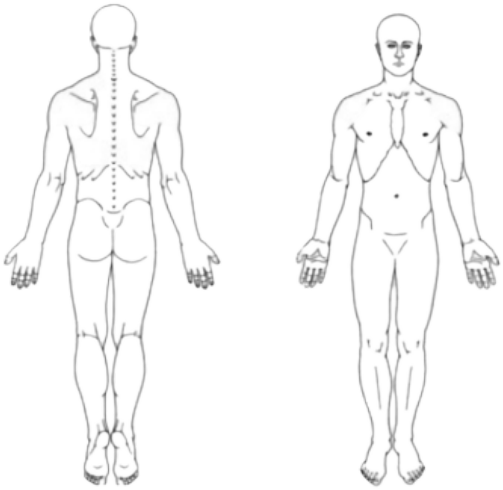

Recommendations:

Notes:

SOAP NOTES

SUBJECTIVE	
OBJECTIVE	
ASSESSMENT	
PLAN	

Date _____ Signature _____

Sunny Side Of Heaven Massage And Wellness Center

COVID-19 CONSENT FORM

I agree to the following:

- I understand the above symptoms and affirm that I, as well as household members, do not currently have, nor have experienced the symptoms listed above within the 14 days.
- I affirm that I, as well as household members, have not been diagnosed with COVID-19 within the last 30 days.
- I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms & still be highly contagious.
- I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of these services that I have an elevated risk of contracting the virus simply by being in the establishment.
- To prevent the spread of the contagious virus and to help protect each other, I understand that I must follow the establishment's guidelines.
  - Reschedule appointment if you are feeling unwell
  - No additional guest is allowed
  - Wearing a mask is required upon arrival and during the entire procedure
  - Wash hands upon arrival

In the past 14 days have you experienced these symptoms?

- ☐ Traveled outside the country
- ☐ Non allergy related runny nose
- ☐ Unusual fatigue
- ☐ Fever 101 or higher
- ☐ Shortness of breath
- ☐ Unexplained body aches
- ☐ Loss of taste or smell
- ☐ Coughing/Sore throat
- ☐ None of the Above

I agree that I am providing accurate health information. I acknowledge the contagious nature of COVID 19 and that (Name of Establishment) has put in place preventative measures to reduce the spread. I will not hold (Name of Establishment) and staff liable for the possibility of contracting COVID 19.

Date _____ Signature _____

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