



Name _____ Date of Birth ____/____/____ Age _____*
(if under 18 see pg 2)

Address _____ City _____ St _____ Zip _____

Phone (____) _____ - _____ Email _____

Occupation _____ How did you hear about Ivy? _____

Emergency Contact (Name & Phone) _____

How often do you receive professional massage?

- This is my 1st massage
- Once a year or less
- 2-3 times per year
- 10 + times per year

What prevents you from receiving massage more regularly?

- Time
- Cost
- Other _____

Are you here today for any common conditions that massage can relieve?

- Headache
- Injury Rehab
- Relaxation
- Soreness or pulled muscle
- Stress relief
- Maintain Health & Wellness
- Back Pain
- Sports performance / recovery

Medical History – Please check all that apply

- Arthritis
- Planter's Wart
- Blood clots
- High Blood pressure
- Bruise easily
- Cancer (active)
- Diabetes
- Fibromyalgia
- Headaches
- Jaw Pain / TMJ
- Hip or leg pain
- Knee or foot pain
- Numbness / Tingling in limbs (please specify location)
- Seizures / Tremors
- Varicose Veins
- Skin conditions
- Intestinal or digestive conditions
- Depression / Sleeplessness / Anxiety

Special diagnosis or health concern (ie: Cancer): _____

When were you diagnosed? _____ **Symptoms of Diagnosis** or disease _____

Accidents or injuries in the last 2 years? _____

At any point in your life, past or present, have you ever experienced trauma or abuse?

If Yes, please explain any fears or phobias you have to being touched in certain areas of your body: _____

Past Surgeries or scar tissue / adhesions (list areas of body which are effected):

Allergies to nuts / skin sensitivities or food allergies? _____

Are you pregnant or trying to become pregnant? _____ **Trimester** _____ **Due Date** _____

Acknowledgement of Massage Therapy Scope of Practice:

I have checked all known medical and physical conditions on this health history form. I understand that by signing below I consent that ECHO Healing GA and any affiliates are authorized to perform requested services for soft tissue manipulation and /or isolated stretching techniques to increase circulation and relieve acute or chronic pain. I understand that massage therapists are not qualified to diagnose disease, perform spinal adjustments, prescribe or treat physical or mental illness and nothing discussed during session(s) should be construed as such.

Massage is not a replacement for medical care. After an assessment we may recommend that you seek emergency medical care or refer you to a specialist who may best treat you. If my pain level has exceeded my own personal threshold, I will speak with my therapist. By signing below, I understand that if a medical referral is made by Ivy Iverson, LMT, Ivy nor ECHO Healing & Massage is not responsible for management of referred condition.

Massage Therapy can be contraindicated for some medical conditions. **Please alert your therapist of any known diagnosis of cancer or other health concern that you may have.**

By reading the following statements and by signing below I understand that I have stated all known medical conditions, illnesses and injuries. Ivy Iverson, LMT or any associated provider at ECHO Healing & Massage or any facility Ivy Iverson, LMT is associated with will not be held liable for any injury or condition that arises from application of massage despite completion of this form.

Initial or Sign _____

Permission to share PHI (Protected Health Information):

I have a medical condition which may require the use of an Rx written (for medical massage) by my medical Dr. and I request that Ivy of ECHO Healing & Massage share my health-related treatment notes with me via email which I will then forward to my insurance company for financial reimbursement.

Email address: _____

Initial or Sign _____

Ethical Standards:

By signing below, I understand that any illicit or sexually suggestive remarks or advances made by myself will result in the **immediate termination of session and I will be liable for full payment of session**. I understand that at any time if I feel uncomfortable with any therapist (Fiduciary) I can terminate the session with no questions asked. *Fiduciary is a legal term that is applied to a professional in whom a client places his or her trust. Because such professionals are in positions of power relative to their clients, the law holds them to a higher standard of behavior. They are required to place the interests of their clients above and before their own.* If I have a concern or complaint about any therapist I can report that therapist to the Georgia State Board of Massage Therapy available at www.sos.ga.org. License # for (Leah M. Iverson, LMT) is: MT009918

Initial or Sign _____

Insurance Reimbursement:

In order to rapidly attain reimbursement for medical massage therapy services, it is required that a medical Rx be written by a licensed medical practitioner (not a Chiropractor). A helpful letter of request and information on possible ICD-10 codes has been provided to you. Please take this letter to your Dr and return with a written Rx to initiate invoice creation for insurance reimbursement. Please visit the website below for more information on how to appeal a denial of medical massage. www.healthcare-information-guide.com

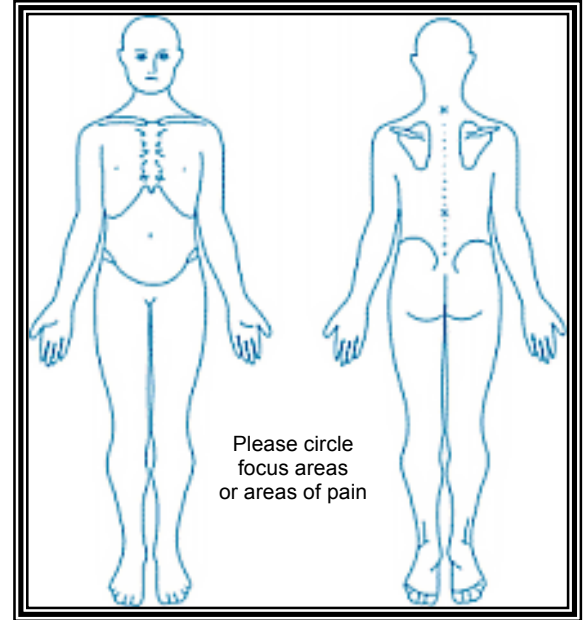
Signature _____ Date ____/____/____

* For Guardians of Minors:

I am completing this form for a minor who is in my care. I take full responsibility for this minor. I agree that this minor may be treated by Ivy Iverson, LMT for soft tissue therapies including massage therapy. I understand that all assessments are not considered medical in nature and if symptoms, pain or injury persists, I will seek medical care for this minor who is in my care.

Initial or Sign _____

Certain medical conditions can be worsened by massage. If you are ill with a cold, flu or any chest congestion (other than seasonal allergies) your session will need to be rescheduled until 48 hours AFTER your symptoms end.



Health / Physical Concerns:

I am seeking relief for / from:

My Medications & Supplements:

NO SHOW / 24 Hour Cancellation Policy and Authorization

At ECHO Healing GA we respect your time and investment as well as our own.

This is why we have put a scheduling & reminder notification system in place that gives 2-3 alerts via email & text message for each scheduled appointment.

Appointments can be requested online at www.echohealingga.com

Email: echohealingga@gmail.com

Cell: 770.990.7470

The agreement below indicates your commitment to your own health and the respect that you have for your health and wellness professional.

As of January 1, 2018 a 24-hour cancellation policy and NO SHOW fee policy will be strictly enforced for all parties involved.

The credit card information you provide below will be charged a \$35 fee for each missed appointment. Last minute cancellations are approached with compassion in the case of an unavoidable emergency.

ECHO Healing abides by HIPPA regulations and privacy standards (including double-locked storage for all medical and financial records). We take your privacy seriously. Your private, information will never be shared with any other company or source. The credit card information you share will never be used for any other reason other than a NO SHOW event during the year of 2018.

The credit card information you share today will be securely stored until December 31, 2018. Shredding of this document and expiration of this authorization will occur on December 31, 2018.

By signing below, I authorize ECHO Healing GA or Ivy Iverson, LMT to manually enter my credit card information listed above in the event (and ONLY in the event) of my late cancellation or NO SHOW during the year of 2018. I further understand that this authorization expires on December 31, 2018. I also understand that my credit card information and all personal information including address, medical & health history, behavioral health history, diagnosis, medication use, familial demographics, etc., will be kept in a locked cabinet inside of a secured room at the address of 300 Old Dawson Village Road Suite 110, Dawsonville, GA 30534.

Signature _____ Date ____/____/____

Name on card	
Card #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiration Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
CVV Code (3 or 4 digit code on back of card / front of Amex)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (four digits for Amex) <div style="text-align: right; margin-top: 5px;"> Please circle one: MC Visa Amex Discover </div>

HIPPA, PHI, Social Media, Disclosure Policies & Authorization

What is HIPAA & PHI (Protected Health Information)?

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. It is a federal mandate that requires specific security and privacy protections for Protected Health Information (PHI). More information around HIPAA can be found at www.hhs.gov

Protected Health Information (PHI) refers to demographic information, medical history, test and laboratory results, insurance information and other data that is collected by a healthcare professional to identify an individual and determine appropriate care. Your PHI is shared ONLY with parties with whom you have explicitly authorized ECHO or Ivy Iverson, LMT to communicate.

Social Media Policy:

ECHO Healing GA takes your healthcare privacy seriously. We want to stay connected through private text messages, emails, special offers & appointment reminders via text. Please do not be offended if a "friend request" or social media connection is denied by Ivy personally. In order to prevent communication about you and your health concerns on a public forum we do not connect with clients personally through social media. We do however invite you to like, follow & review our services on Facebook at www.facebook.com/ECHOHealingGA

Authorization for Use & Disclosure of PHI:

In compliance with the Health Information Portability and Accountability Act 45 CFR Parts 160 & 164, ECHO Healing GA is dedicated to protecting your PHI. Under GA State licensing agreements, Ivy Iverson, LMT is required by state licensing laws and guidelines to adhere to HIPAA standards. Ivy's license # is MT990018 (listed as Leah M Iverson, LMT) and any misconduct can be reported at www.sos.ga.gov. Your PHI will never be sold, shared, disclosed or published to any party outside of this informed and signed consent. You have the right to examine and obtain a copy of your health records, to request corrections and request restrictions on uses and disclosures of your PHI. You also have the right to refuse signature of this authorization and refusal will not result in denial of requested treatment.

Disclosing PHI for TREATMENT & PAYMENT:

We may use PHI for the purpose of providing treatment in coordination with other agencies such as Physical Therapists, Chiropractors or your primary Doctor. By signing below, you authorize ECHO & Ivy Iverson, LMT to approach other agencies (listed as your healthcare team) to coordinate treatment to benefit you in your recovery process. Please list your healthcare team below:

Primary Doctor: _____ Phone: (_____) _____ Email: _____

Physical Therapist: _____ Phone: (_____) _____ Email: _____

Chiropractor: _____ Phone: (_____) _____ Email: _____

Family Member: _____ Phone: (_____) _____ Email: _____

Family Member: _____ Phone: (_____) _____ Email: _____

Other: _____ Phone: (_____) _____ Email: _____

I authorize ECHO GA to disclose my PHI to the above named parties upon request. I further authorize ECHO Healing GA to provide detailed invoices (which include diagnosis codes) to me, via Google email server and my healthcare team upon request. This request will be valid until Dec 31, 2018 and will expire at that time. I understand that by using my personal email to receive invoices of therapy performed I am choosing to use a possible unsecured server when communicating with my insurance company for reimbursement and payment of services. By signing below, I will not hold ECHO Healing GA or Ivy Iverson, LMT liable for any theft of intellectual property or PHI related to any unsecured server.

Your Printed Name

Your Signature

_____/_____/_____

Date