

Welcome to Leveraged Recovery and thank you for trusting me with your body. This practice means the world to me. I have spent endless hours dreaming, creating, and doing to bring this to life. This isn't the practice geared to seeing the maximum number of clients, spa days, or bulk treatments. This is a practice to take a purpose-driven deep-dive into goals and challenges, learn, and cultivate a path forward. My goal is to join your team, be a tool in your toolbelt, and help you achieve what you set out to.

I have worked with all types of clients, from professional athletes to weekend warriors, CEOs of multi-million dollar companies to everyday parents who spend countless hours building a world for their families. Their goals range from mental performance to physical achievements. Sometimes a relaxation session geared toward simulating a neurological response is exactly what you need to perform in your chosen domain, and other times it is a functional session focused on physiological changes that power you forward. No matter your needs, I'm excited to dig into them with you.

Quality. Quality sessions are the foundation to progress and my practice. I limit hands-on to 20 hours a week to ensure my first and last clients receive the same level of care. In between sessions, I spend equal time studying, researching, learning, and treatment planning to ensure we make the most of our time together. Details are important to me and your feedback is paramount. I want to work WITH you to create the experience that helps you achieve anything you set out to.

To get the most out of your session, communicate openly and honestly. Come to appointments knowing why you are there or what you want to accomplish. We can utilize a wide range of techniques and pressures, that suites how YOU feel your body and the work. Pain does not necessarily equal gain, but avoidance of discomfort will also not always get you where you want to be. Stay open to different approaches and if you have a question, ask.

Enclosed are your intake forms that you will complete annually. There is a good chance you have never had to complete such comprehensive forms for a massage, but these are all questions I commonly ask. They help me see patterns and little details that may unlock treatment success. Please complete them thoroughly and thoughtfully.

I cannot wait to work together,

Mariah Hornsby,
Owner, Leveraged Recovery

860-835-4839 call or text
Mariah@LeveragedRecovery.com

LeveragedRecovery.com

Cancellation Policy

24-hour notice on session cancellations or changes is required. No-shows, cancellations, or changes with less than 24-hour notice will be responsible for the entirety of the originally scheduled session fee. This should be communicated by text (860-835-4839), a phone call with voicemail (860-835-4839), or email (Mariah@LeveragedRecovery). Every attempt should be made to inform Leveraged Recovery if you cannot attend your scheduled session, even if it is last minute.

If we can fill your spot, your session fee will be waived. This is easiest to do with as much advanced notice as possible.

We understand that every once in a while situations out of our control pop up. Established clients, who have already paid for and completed a session, will be granted one exception per calendar year.

With respect to our client's time, Leveraged Recovery will also adhere to a mirrored cancellation policy. If we have to cancel or change your session with less than 24-hour notice, your next session (equal to the originally scheduled session) will be on us. While our intention is to never need to cancel or alter your session time, we experience situations outside of our control as well. As such, Leveraged Recovery will also be entitled to one grace exception with our established clients in a calendar year.

Exceptions will be made for weather based on the operational status of Just Performance Fitness, the school cancellation status of your town of residence based on your client forms (or your therapist's), or a state of emergency.

Sessions are scheduled with a specific beginning and ending time. If you arrive late to your appointment, there is no guarantee that we will be able to accommodate the full hands-on time. You will still be responsible for your originally scheduled session fee.

Continued violation of the Cancellation Policy may result in required prepayment of sessions, card-on-file, or dismissal of client-business relationship.

Client Signature: _____

Client Printed Name: _____

Date: _____

Guardian Signature: _____

Guardian Printed Name: _____

Date: _____

Conduct and Expectations

Massage & Manual Therapy or Bodywork treatment with Leverage Recovery is professional in nature. We expect the utmost respect for the sessions from patrons and therapists alike.

During your treatment relationship Leveraged Recovery and your Licensed Massage Therapist may refer you out to a different professional based on the scope of practice or need. They will communicate with you when/if a specific treatment or inquiry may benefit from a different professional or industry.

Leveraged Recovery expects the following from our clients:

- Thorough & honest completion of ALL client forms
- Clear and continued communication throughout the treatment relationship
- Immediate communication regarding concerns, increase in pain or discomfort, or needed adjustments, & accommodations.
- Communication with your Licensed Massage Therapist of any changes to your medical situation PRIOR to your next session
- Understanding that your Licensed Massage Therapist CANNOT diagnose medical conditions
- Understanding that your Licensed Massage Therapist is not a substitute for medical care

Sessions with Leveraged Recovery are non-sexual in nature. Perceived sexual advances, solicitation, or innuendo WILL NOT BE TOLERATED. When applicable, law enforcement will be immediately contacted. If this boundary is violated, the session will be terminated and you will be responsible for the entirety of the session fee. All credit, gift cards, and accrued sessions on your account will be forfeited with no refund or transfer, and you will be permanently banned from services with Leveraged Recovery. The therapist's account will also be communicated with Just Performance Fitness.

By signing this release, I hereby waive and release Leveraged Recovery and my Licensed Massage Therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

Client Signature: _____

Client Printed Name: _____

Date: _____

Guardian Signature: _____

Guardian Printed Name: _____

Date: _____

Personal Information

Name: _____

Birthdate: _____/_____/_____

Phone Number: _____ Text Call

Email Address: _____

Personal Address: _____

Mailing Address: _____

Emergency Contact & Relationship: _____

Emergency Contact Phone 1: _____

Emergency Contact Phone 2: _____

Occupation: _____

Referred by: _____

Web Search

Social Media

Medical Professional

Other

Additional Information: _____

Preferences

Have you ever had a professional Massage/Manual Therapy or Bodywork? Yes No

Last Massage Therapy/Manual Therapy/Bodywork Session: _____

Favorite Color(s): _____

Least Favorite Color(s): _____

Enjoyed Smells/Scents: _____

Any Dislikes: _____

Enjoyed Music/Artists/Genres or Background Sounds: _____

Any Dislikes: _____

Room Temperature: Warmer Cooler It Depends

Table Warmer: On Off It Depends

Health History

Food, Environmental, & Topical Allergies of ANY severity: _____

Prescribed Medications: _____

Over The Counter Medications: _____

Do you have regular or consistent pain or discomfort? Specific location(s)? Yes No

Do you have a recent onset of pain or discomfort? Specific locations? Yes No

Have you experienced this before? Yes No

Motor Vehicle Accidents: _____

Pelvic Floor Health:

Bladder Control Challenges: Yes No

Erectile Dysfunction: Yes No

Additional Relevant Health Information: _____

WOMENS Health:

Are you currently pregnant? Yes No

Previous Pregnancies (number): _____ Total births (number): _____

Menstrual Cycle: Regular Irregular Disrupted due to Birth Control

Last cycle: _____

Are you currently trying to become pregnant? Yes No

Taking birth control? Yes No

Type? _____

History of:

- Cardiovascular or Circulatory Diagnosis
 - High/Low Blood Pressure
 - Heart Attack
 - Stroke
 - Annerism
 - AFib
 - Blood Clots
 - Other Hematologic Diagnosis
 - Varicose Veins
 - Spider Veins
 - Orthopedic Diagnosis
 - Broken Bone(s)
 - Joint Replacement
 - Dislocation
 - Sprains/Strains
 - Labrum or Meniscus injury
 - Cancer
 - Diabetes
 - Numbness/Neuropathy
 - Kidney Dysfunction
 - Liver Dysfunction
 - Fibromyalgia
 - Headaches/Migraines
 - Hernia(s)
 - Arthritis
 - Surgery
 - Anxiety
 - Depression
 - Other: _____
-

Additional Contacts

These contacts will only be contacted with an additional consent form.

Knowing the other contributors to your health and wellness team may help me better research, plan, and execute your treatment sessions.

Primary Care Provider: _____

Athletic Trainer: _____

Chiropractor: _____

Coach: _____

Personal Trainer: _____

Physical Therapist: _____

Specialist: _____

Sport or Physical Fitness Training Center(s): _____

Team(s): _____

Other: _____

Other: _____