

Health Information

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Contact Information:

Name: _____ Date of Birth: _____
Gender: Male Female Non-Binary Pronouns: _____
Phone: (_____) _____ Email: _____
Preferred Communication?: Call Text Email Occupation: _____
Address: _____ City: _____ State: _____ Zip: _____
Emergency Contact: _____ Phone: _____

Massage Information: Would you like the massage table heated? No Yes - Low Medium High
Have you received a professional massage before? No Yes → How long since your last massage? _____
Are you allergic or have any sensitivities to essential oils, creams, lotions? No Yes

What kind of pressure do you prefer? Light Medium Firm
What is your goal/expected outcome for receiving massage/bodywork: _____
Is there anywhere you **DO NOT** want to be massaged?(ie: face, head, hands, feet) _____

Medical Information

Are you taking any medications or supplements? Please list and explain their purpose:

Is there a chance you could be Pregnant? No Yes → How far along : _____
Is this massage/bodywork medically necessary (is it from a medical condition, injury, surgery)? Yes No Explain:

Do you have a physician referral/prescription? Yes No Are you seeking insurance reimbursement? Yes No
Type of insurance coverage for this claim: Car Collision Workers Compensation Private Health Insurance
For all Car Collisions and Workers Compensation, Please see additional billing paperwork.

Private Insurance Info:

Insurance Carrier: _____ ID#: _____ Phone: _____
Please provide your insurance ID card so that we may take a copy to keep on file.

Medical Release

→ I hereby **authorize the release of medical information necessary to process my insurance claim.** This may include intake forms, chart notes, billing statements, and any other information my Insurance Company may request.

UNDER 18?

Client Signature(Parent/Guardian): _____ Date: _____

Please circle conditions that you **HAVE** currently or **HAVE HAD** in the past. Please provide any explanation.

| | | | | | |
|----------------|-------------|---|----------------|-------------|---|
| Current | Past | Contagious Disease | Current | Past | Yeast or Fungal Infection (Athletes foot, Ringworm) |
| Current | Past | Cancer (Where? How long ago?)_____ | Current | Past | Allergies (nut allergies, sensitive skin) |
| Current | Past | Blood Clots | Current | Past | Edema (swelling) |
| Current | Past | Neurological (e.g. MS, Parkinson's) | Current | Past | Pitted Edema |
| Current | Past | Diabetes | Current | Past | Depression, anxiety |
| Current | Past | Epilepsy, seizures | Current | Past | Dizziness, ringing in the ears |
| Current | Past | Stroke (How long ago?)_____ | Current | Past | Headaches, Migraines |
| Current | Past | Heart attack (How long ago?)_____ | Current | Past | Shortness of breath, asthma |
| Current | Past | Congest. heart failure (How long ago?)_____ | Current | Past | Digestive conditions (e.g. Crohn's, IBS) |
| Current | Past | Kidney disease, infection | Current | Past | Scoliosis |
| Current | Past | Endocrine/thyroid conditions | Current | Past | Bruise easily |
| Current | Past | High/Low blood pressure | Current | Past | Muscle or joint pain |
| Current | Past | Varicose Veins | Current | Past | Muscle or joint Stiffness |
| Current | Past | Arthritis (rheumatoid, osteoarthritis) | Current | Past | Numbness or tingling |
| Current | Past | Osteoporosis, (Affected areas?)_____ | Current | Past | Sprains or Strains (Where? How long ago?)_____ |
| Current | Past | Broken bones (Where? How long ago?)_____ | Current | Past | Memory loss, confusion (easily overwhelmed) |
| Current | Past | Skin Disorders (Warts, boils, acne, impetigo, herpes simplex, tinea, scabies) | Current | Past | Degenerative Disc/Spinal Fusion (Where? How long ago?)_____ |
| Current | Past | Whiplash (How long ago?)_____ | | | |

Anything we may have forgotten? Please list below

Please read carefully!

Store Policies & Consent to Treat

→I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and increased circulation. I further understand that **massage should not be construed as a substitute for medical examination, diagnosis, or treatment** and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.

→Because massage should **not** be performed under certain medical conditions, I affirm that I have stated **all of my known medical conditions and answered all the questions honestly**. I agree to keep the practitioner updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

→**If I experience any pain or discomfort during this session**, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

→I also understand that **any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session**, and I will be liable for payment of the scheduled appointment.

→**Please arrive 5 minutes before your service** so you can receive your full amount of hands on time. Your massage will end on time so that the next client is not inconvenienced, and the full treatment price will apply. **In the event that we are running late, you will still receive your full amount of scheduled time.**

→A 24-hour cancellation notice is appreciated. **All no call/no shows will be invoiced 75% of the session fee.** If you are using a gift certificate, rather than being billed, your massage will be considered as having been used. **This is an out of pocket expense for any patients using private insurance.**

→As a patient of this office, you are responsible for all charges incurred. If your car accident or L&I Claim is denied, you are fully responsible for prompt payment. If your PIP or L&I claim is not open and payable, or your medical insurance denies payment. you will be required to pay out of pocket for your visit(s).

→**Late-Payment Penalty** of \$10.00 applies after each invoice payment due date.

I understand all of this, I give consent to receive care.

UNDER 18?

Client Signature(Parent/Guardian): _____ Date: _____